

Inquiry Order No. _____

QualityForks with TWS suspension

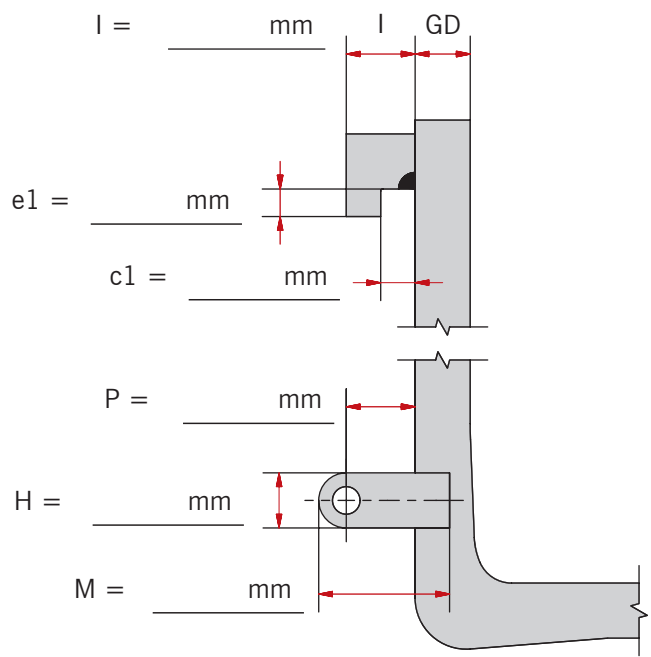
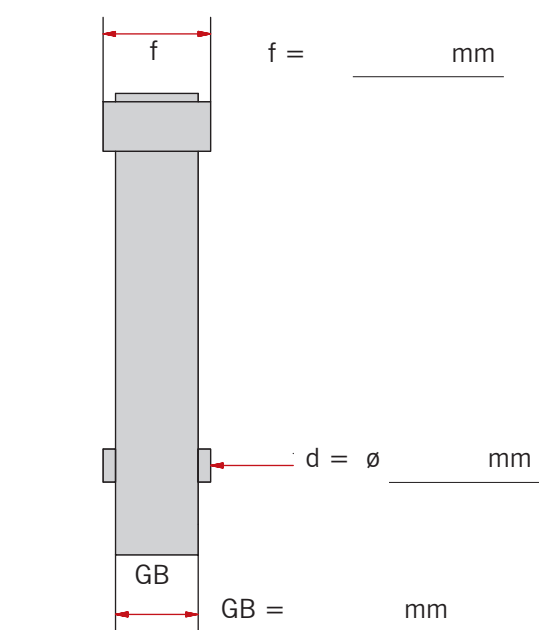
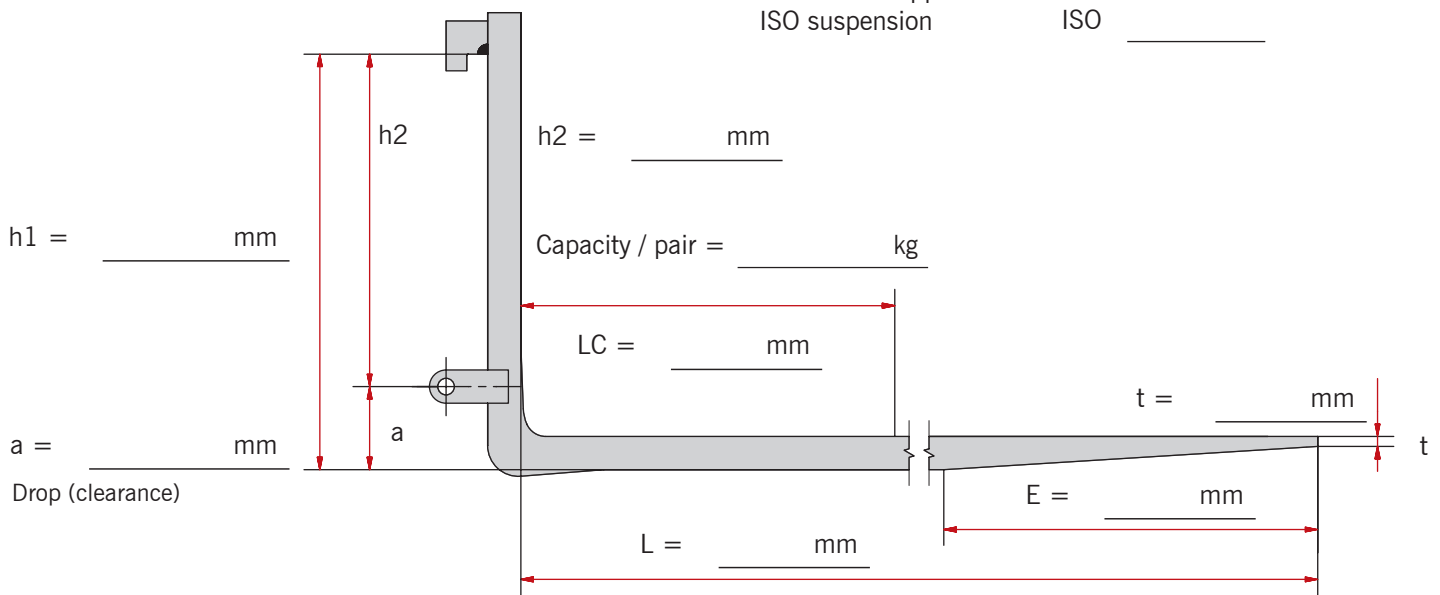
Company _____
 Street _____
 Postal code, town _____

Name _____
 Tel. _____ Fax _____
 E-Mail _____

Cross-section (width x thickness) _____
 Length (L) _____
 Quantity _____
 Delivery date _____

Lift truck brand _____
 Lift truck type _____
Date, Signature _____

Alternative: upper hook
 ISO suspension ISO _____



► DELIVERY INCLUDING BOLT