

Semi-Live Skids



Company name and address:							
Name:							
Department:							
Tel.:				Fax:			
Email:							
Date:				Signature:			
Customer-ID if known:		1	4				

Please fill out the form:

Capacity:		kg	
Length:		mm	
Width:		mm	
Height:		mm	
Wheel diameter:		mm	
Height of platform surface:		mm	

Standard varnishing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Galvanized
Varnishing frame:	color	RAL	

Comments field:	
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Freight charges:	<input type="checkbox"/> Yes
Processing of the form, date:	