



Cassette Drawer Rack

Company name and address:

Name:

Department:

Tel.:

Fax:

Email:

Date:

Signature:

Customer-ID if known:

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Please fill out the form.

Type:		
Number of racks:	pc.	
Number of cassettes:	pc.	

Loading capacity / cassettes (max. 2000 kg):		kg	
Effective cassettes width:		kg	
Effective cassettes depth:		kg	
Usable cassettes high:		mm	
Metal length:		mm	
Upper level height - above floor:		mm	

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

Comments field:	
Overall dimensions (WxDxH)mm:	

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

