



9Z_XVUAB` ee ^ ABAZad



Design on feet

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

AJVRdVAWf eAVAVc^ +

Type:	<input type="checkbox"/> on feet	<input type="checkbox"/> on wheels
Number of hinged bottom skips:	pc.	
Additional manual release:	<input type="checkbox"/> yes	
4 lifting eyes:	<input type="checkbox"/> yes	
Drop bottom with centering wall:	<input type="checkbox"/> yes	
With lid:	<input type="checkbox"/> yes	

Capacity:	max	kg	
Volume:	max	ltr.	
Usable height:	h	mm	
Usable depth:	t	mm	
Usable length:	l	mm	
Fork pocket dimensions:		mm	

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

Comments field:	
Overall dimensions (W x D x H) mm:	

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