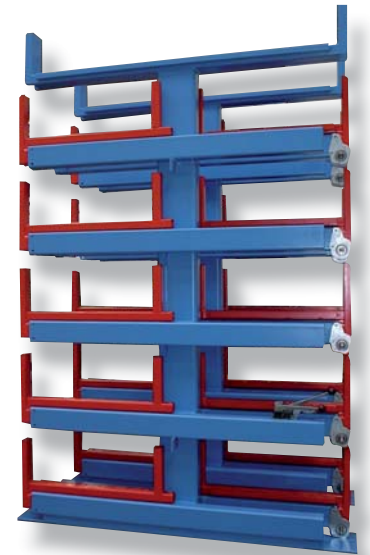




Company name and address:

Roll-out @ f e d y v j m b a t v



Name:

Department:

Tel.:

Fax:

Email:

Date:

Signature:

Customer-ID if known:

1	4						
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A J V R d V A M E f e d y v j m b a t v +

Type:	<input type="checkbox"/> 1600	<input type="checkbox"/> 2600	<input type="checkbox"/> 1-sided	<input type="checkbox"/> 2-sided
Number of racks:			pc.	
Shelf surface:			<input type="checkbox"/> Wood	<input type="checkbox"/> Polyamide
Shelf coating:			<input type="checkbox"/> Wood	<input type="checkbox"/> Polyamide
Roof shelf:			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Load capacity per arm:	max	kg	
Load capacity per shelf / roof shelf:	max	kg	
Number of shelves:			pc.
Number of rack structures:			pc.
Rack structure center distance:	m	mm	
Material length:			mm
Effective shelf depth:	t	mm	
Usable height:	nh	mm	
Roof height above floor:	ad	mm	
Lowest level height above floor:	au	mm	
Upper level height above floor :	ao	mm	

Standard varnishing:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Varnishing frame:	color	RAL		
Varnishing Roll-out arms:	color	RAL		

Comments field:	
Overall dimensions (WxDxH) mm:	

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

