



VRgj Autj Brah VoERT\ SR W/VU

Company name and address:

Name:

Department:

Tel.: _____ Fax: _____

Email: _____

Date: _____ Signature: _____

Customer-ID if known:	1	4					
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Design with 7 shelves

AJVRdVAWf tAe Wc^ +

Type:	
Number of racks:	pc
Roof shelf:	<input type="checkbox"/> Yes

Distributed load capacity shelf:		kg
Number of shelves:		pc
Usable shelf height (material height)	h/c	mm
Shelf extension:	e	mm
Usable shelf depth:	t	mm
Usable shelf width:	b	mm
Lowest level height - above floor:	a	mm
Upper level height - above floor:	C	mm

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

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

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

