



Self-Tipping D\Zad

Company name and address:

Name: _____

Department: _____

Tel.: _____ Fax: _____

Email: _____

Date: _____ Signature: _____

Customer-ID if known:	1	4						
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Design on pallet



Design with two swivel and fixed castors



Design for Roller Jack usage

Please fill out the form:

Type:	<input type="checkbox"/> on pallet			<input type="checkbox"/> swivel/fixed castors	<input type="checkbox"/> for Roller Jack usage
	Number of self-tipping carriages:	pc			
Automatic unlocking:				<input type="checkbox"/> Yes	
Liquid tight welded, ball valve 1/2", removable filter at the bottom:				<input type="checkbox"/> Yes	
Lid half-folding:				<input type="checkbox"/> Yes	

Load capacity:	max	kg	
Volume:	max	ltr.	
Effective width:	d	mm	
Effective depth:	c	mm	
Effective height:	e	mm	
Fork pocket dimensions:		mm	

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

Comments field: _____

Overall dimensions (W x D x H)mm: _____

Freight charges: Yes

Processing of the form, date: _____

