

FAX INQUIRY

+49 (0)70 44 / 94 52 31

SENDER

Company

Street / number

Postal code / City Country

Contact person Mr. Mrs.

Name

Phone

Fax

Email

INQUIRY

- | | |
|---|---|
| <input type="checkbox"/> Pitlifts commercial vehicles | <input type="checkbox"/> Gearbox lifts |
| <input type="checkbox"/> Pitlifts passenger vehicles | <input type="checkbox"/> Jacking beams passenger cars |
| <input type="checkbox"/> suspended | <input type="checkbox"/> floor running |

Lifting capacity t

Stroke mm

Number pc

- | | |
|--|--|
| <input type="checkbox"/> Cross members | <input type="checkbox"/> Support bridges |
| <input type="checkbox"/> Support systems | <input type="checkbox"/> Load carrying devices / Accessoires |

Lifting capacity t

Stroke mm

Number pc

Drawing / Sketch yes no

**THANK YOU VERY MUCH FOR YOUR INQUIRY.
WE WILL CONTACT YOU AS SOON AS POSSIBLE.**