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FAX FORM: FORK REQUEST

TERMINAL WEST TYPE FORKS



FROM:

Company: Contact:

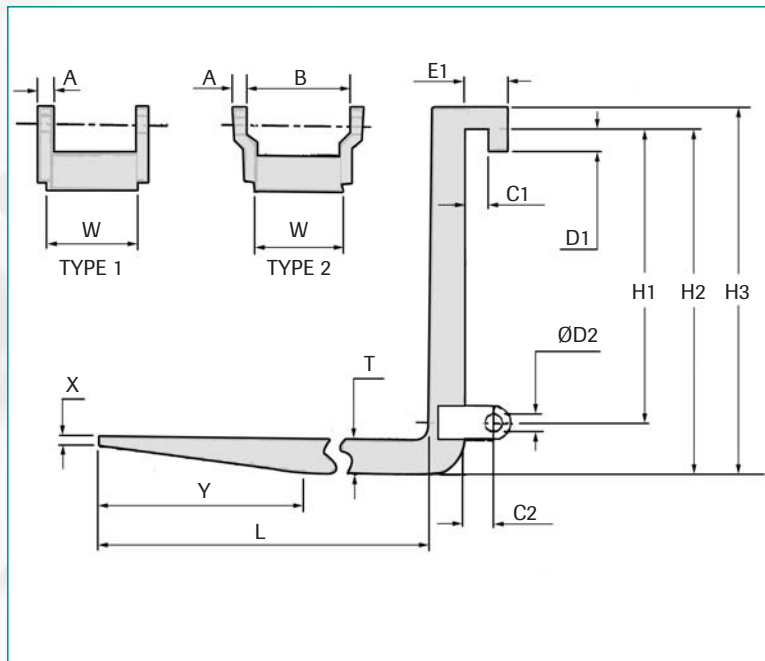
Address:

Tel Nr.: Fax Nr.:

TRUCK DETAILS:

Make: Type and serial number:

Lift Capacity: Application:



W: H1: X:

T: H2: Y:

L: H3:

A: C1: D1: E1:

B: C2: ØD2:

Signed: Date: