



## BLANK FORK



FAX FORM: FORK REQUEST

**FROM:**

Company: ..... Contact: .....

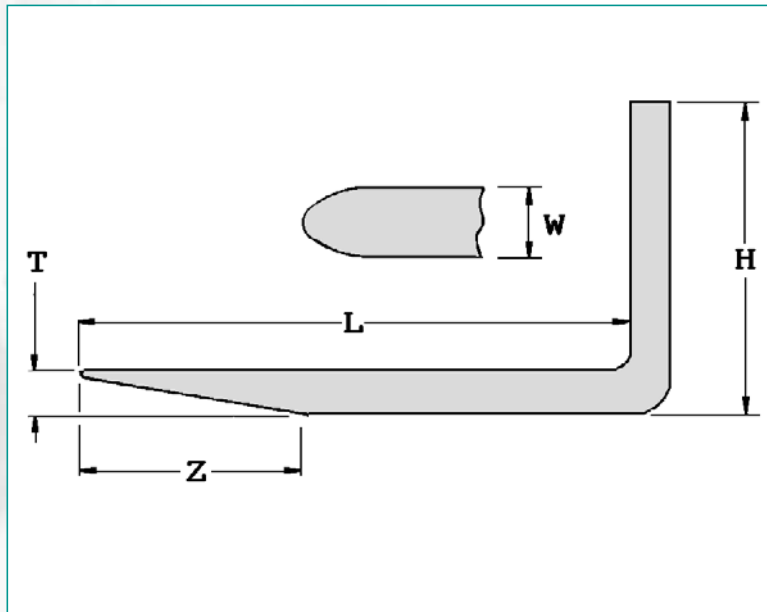
Address: .....

Tel Nr.: ..... Fax Nr.: .....

**TRUCK DETAILS:**

Make: ..... Type and serial number: .....

Lift Capacity: ..... Application: .....



W : .....

T : .....

L : .....

H : .....

Z : .....

Signed: ..... Date: .....