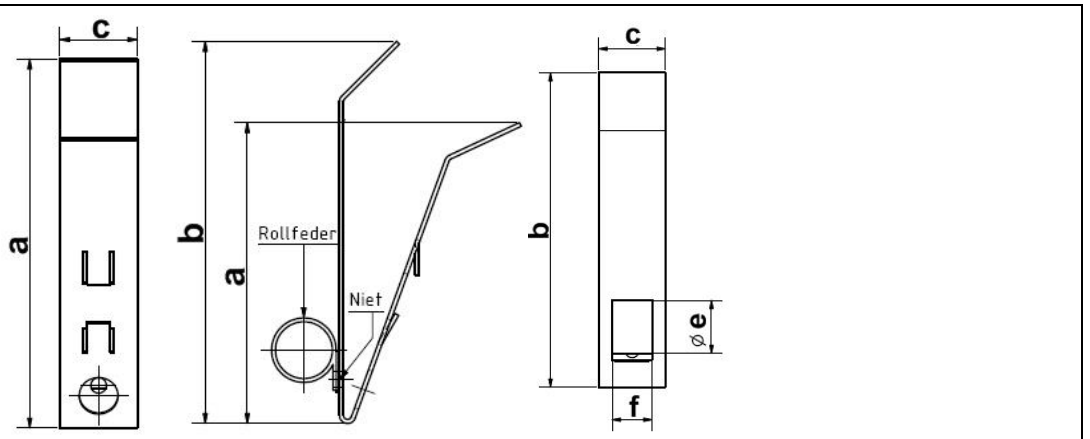
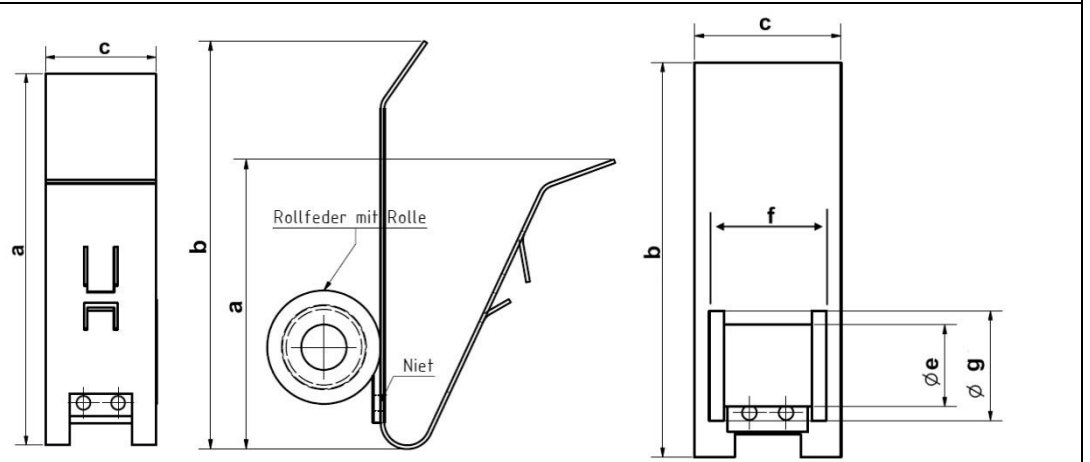
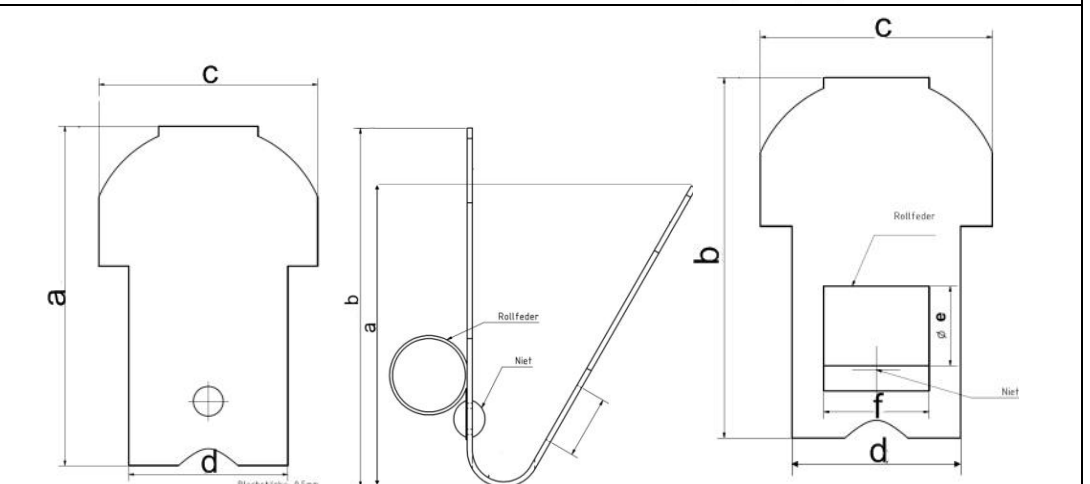
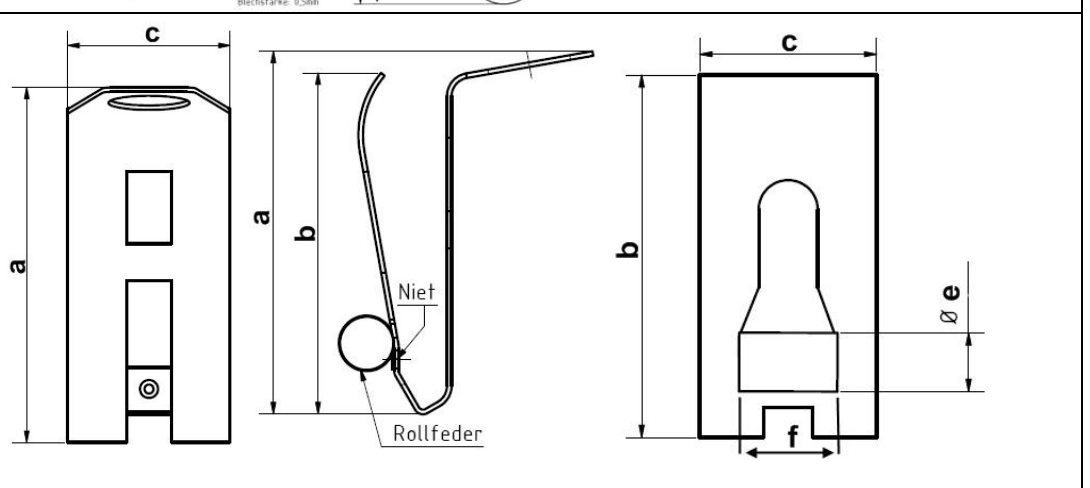
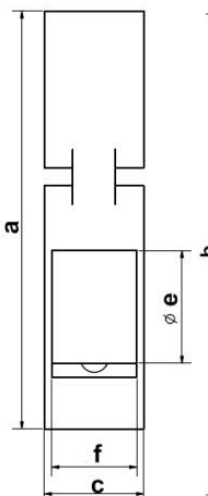
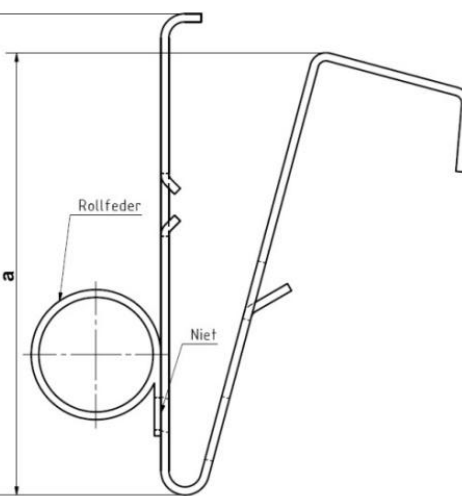
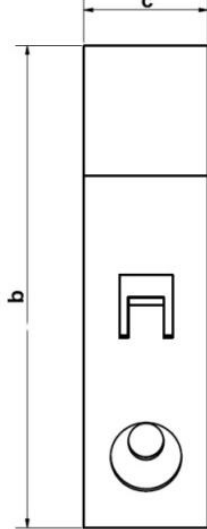
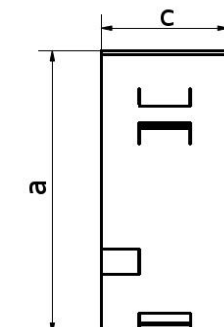
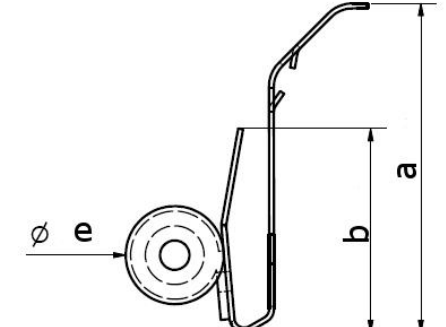
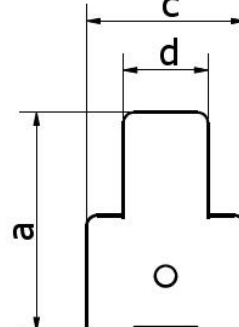
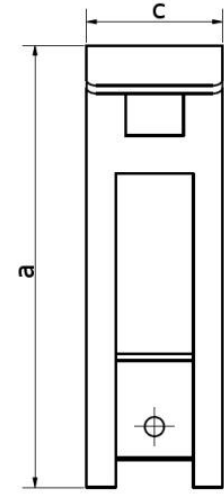
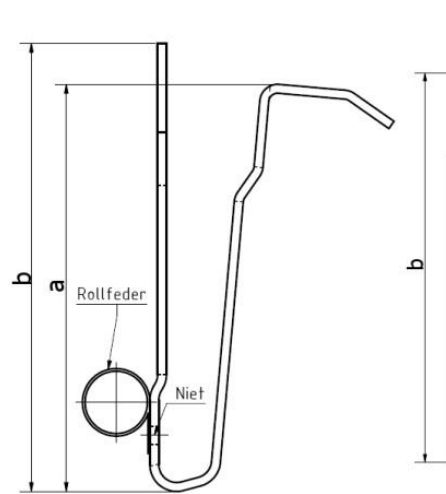
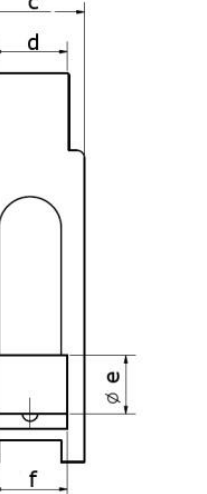
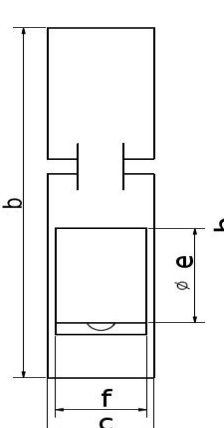
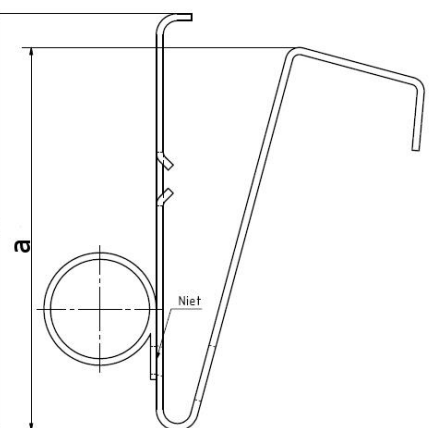
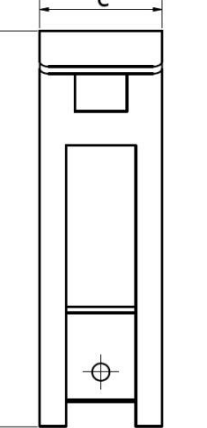


Rollbandfederträger

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<p>2)</p> <input data-bbox="156 958 236 1041" type="checkbox"/>	
<p>3)</p> <input data-bbox="156 1429 236 1512" type="checkbox"/>	
<p>4)</p> <input data-bbox="156 1921 236 2004" type="checkbox"/>	

Anfrage- und Bestellformular für Rollbandfederträger

<p>5)</p> <input data-bbox="156 566 233 645" type="checkbox"/>			
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<p>8)</p> <input data-bbox="156 1933 233 2011" type="checkbox"/>			

Anfrage- und Bestellformular für Rollbandfederträger

Ihre Firma / Name / Anschrift:

Anfrage

Bestellung

Stückzahl:

Bitte kreuzen Sie die zutreffende Variante an und füllen Sie folgende Felder aus:

Variante 1) Variante 2) Variante 3) Variante 4)

Variante 5) Variante 6) Variante 7) Variante 8)

a=	mm	c=	mm	e=	mm	g=	mm
b=	mm	d=	mm	f=	mm	Anpresskraft=	cn

Bemerkungen:

ja, ich habe die **AGB** gelesen und akzeptiert.

Datum

Unterschrift