

SHAFT MOUNTED FORKS

CUSTOMER

Company: _____

Phone: _____

Contact: _____

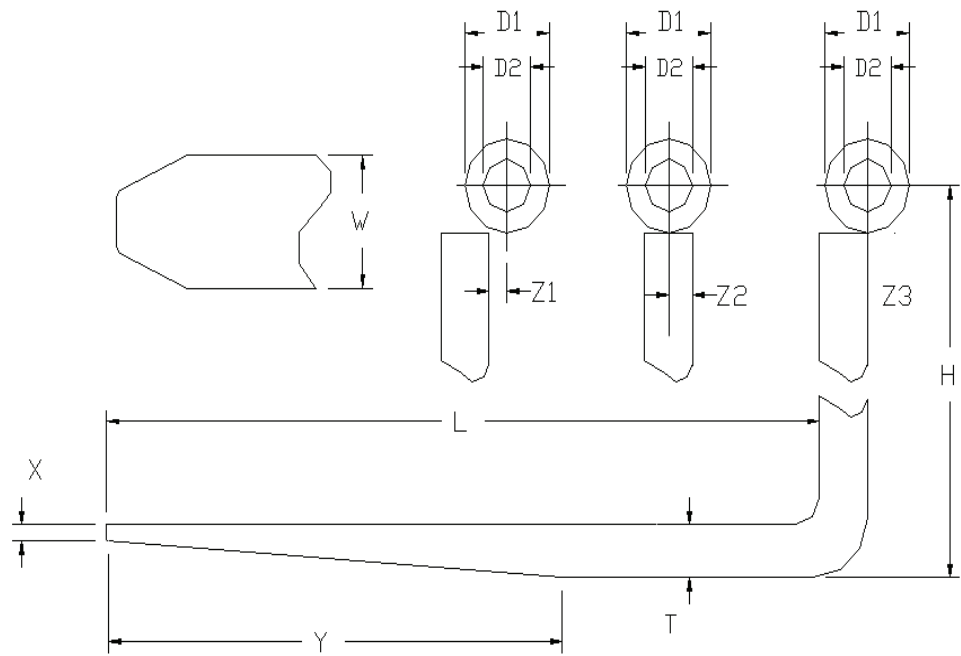
Email: _____

Machine

Make& Model: _____

Capacity: _____

Comments: _____



Fork Dimensions:

W _____

H _____

T _____

D1 _____

L _____

D2 _____

X _____

Y _____

Z1 _____ Z2 _____ Z3 _____

Signed: _____

Date: _____