

Offertunderlag teleskopskydd

Företag/Company _____

Namn/Name _____ Tel _____

Mail _____ Datum/Date _____

Arbetsposition: Horisontellt/Horizontal Vertikalt/Vertical Frontal
/ Working position

Användning: Utomhus/Outside Inomhus/Inside Torrt Vanlig
/ Use of bellow /Dry usage /Regular usage

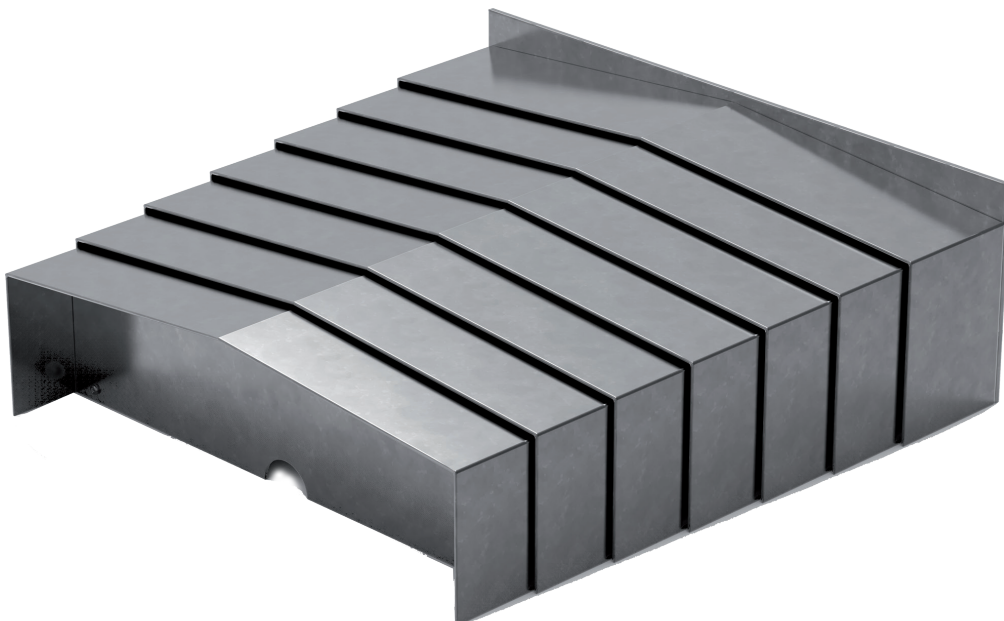
Material Stål/Steel Rostfritt stål
/Stainless steel

Slag/Strokes (m/min): _____

Max Hastighet/Speed (m/min): _____

Max acceleration (m/s²): _____

Arbetstimmar / dag: _____
/Working hours / day



Måttspecifikation

