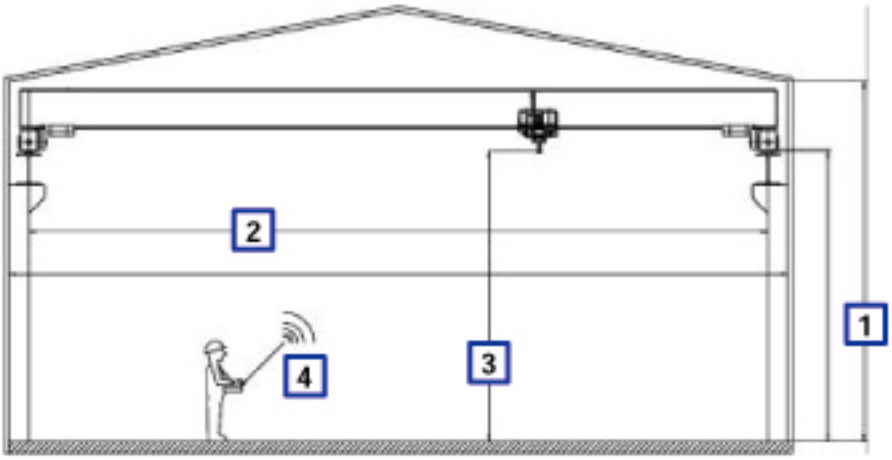
Fax enquiry

Company: _____ Date: _____

Contact: _____ Telephone No.: _____

Fax No.: _____

Details ot the required crane



Building dimensions
(if applicable)

1 Building height:

_____ mm

2 Span and runway length
(if already existing)

Span:

_____ mm

Runway length:

_____ m

3 Required lifting height:

_____ mm

4 Radiocontrol: yes ( )
no ( )

Type

( ) Single girder

( ) Double girder

( ) Underslung

Capacity

_____ kg

_____ kg

_____ kg

Duty group

( ) Fem 1Am (M4)

( ) Fem 2m (M5)

( ) Fem 3m (M6)