

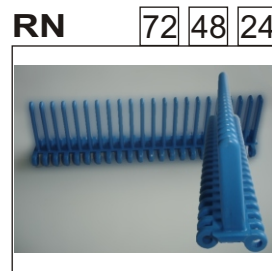
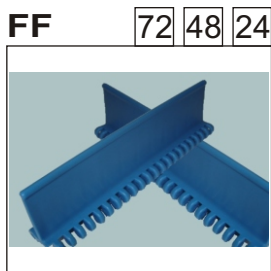
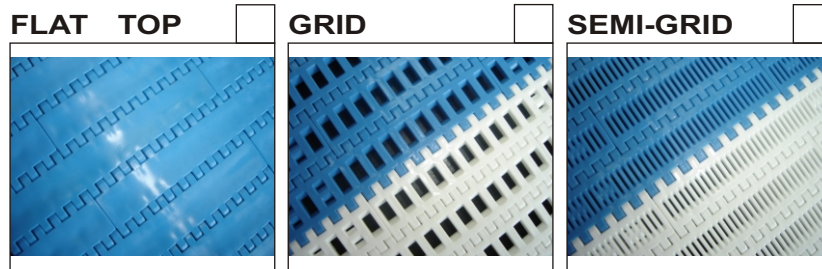


# CONVEYOR BELT'S ORDER FORM

COMPANY	DATE
ADDRESS:	FAX:
CONTACT PERSON:	TEL:

## BELT'S SPECIFICATIONS

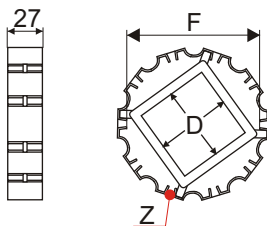
**S.2825**



DIMENSIONS	
WIDTH.....	mm
LENGTH.....	mm

COLORS		
WHITE	<input type="checkbox"/>	<input type="checkbox"/>
YELLOW	<input type="checkbox"/>	<input type="checkbox"/>
BLUE	<input type="checkbox"/>	<input type="checkbox"/>
GREEN	<input type="checkbox"/>	<input type="checkbox"/>
RED	<input type="checkbox"/>	<input type="checkbox"/>
BEIGE	<input type="checkbox"/>	<input type="checkbox"/>

MATERIAL	
PP	<input type="checkbox"/>
PE	<input type="checkbox"/>
AC	<input type="checkbox"/>
PTV	<input type="checkbox"/>
PGT	<input type="checkbox"/>
PPGF	<input type="checkbox"/>



## ESCALATOR DRAWING

HEIGHT?	<input type="checkbox"/>
WIDTH?	<input type="checkbox"/>
DISTANCE?	<input type="checkbox"/>
SIDE GUARDS?	<input type="checkbox"/>

Z	F	D	QUANTITY
10	63	40	
12	95	40	
20	144	40	

### NOTES

Desirable delivery date:.....