

# Honeycomb WR

Customer address:


Customer name:

Department:

Phone

Fax:

E-Mail:

Date:

Signature:

Customer ID (if known):

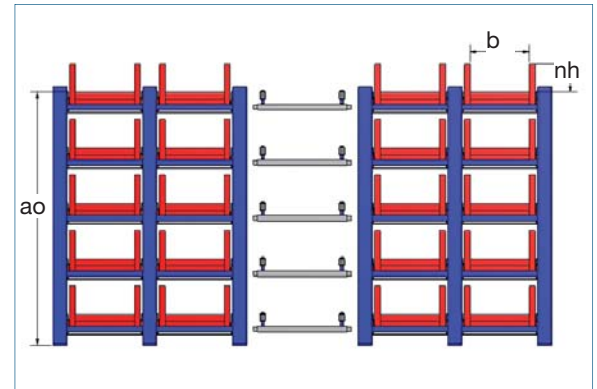
1

4



## Please enter relevant data

Type:				
Number of racks:		pcs		
Number of cassettes per rack:		pcs		
Number of cassettes:		pcs		
Roof rack:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no



## Cassettes

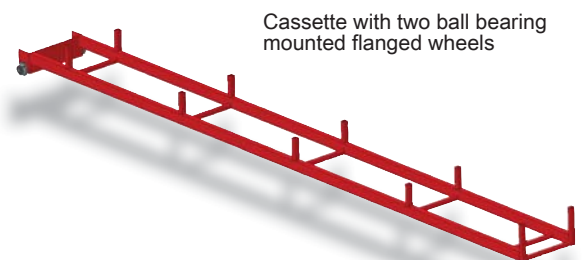
Load capacity per cassette:		kg	
Long goods length:		mm	
Cassette clearance width:		mm	
Usable cassette height:		mm	
Height top cassette:	ao	mm	

Cassette cover:	<input type="checkbox"/>	wood	<input type="checkbox"/>	polyamide
3-sided cassette inlay:	<input type="checkbox"/>	wood	<input type="checkbox"/>	polyamide

Standard paint:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Paint, cassette:				
Paint, frame:	color			

Exceptions / comments:	
Overall measurements (WxHxD)mm:	

Freight costs:	<input type="checkbox"/>	yes
Contact, date:		



Cassette with two ball bearing mounted flanged wheels

