

REQUEST/ORDER FAX FOR special clamps

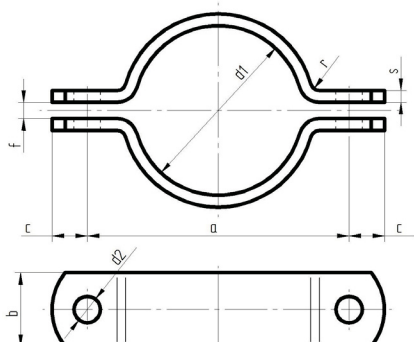
company: _____

name: _____

telephone: _____

fax: _____

Please fill in your requested measures.
 We will get in touch with you as soon as possible.



pipe clamp

material:

quantity:

b

s

c

a

f

r

d1

d2

 signature/stamp