

Date (DD/MM/YY)  /  /

Company Name			Name of the Contact Person	
Address				
TEL		Mobile		
FAX		E-Mail		

Expected Date of Adoption  /  /  (DD/MM/YY)

*Please circle the applicable items.*

Series	SF / GF	Underbody	Adjuster / Caster / Others ( )
Panel	No Needed / Needed (Material:                      Color:                      Thickness (t): )		

<Sketch Drawing> (You can attach the drawing you created, too.)

