

Customer <input type="checkbox"/> Enquiry <input type="checkbox"/> Order _____	To _____
Company	LiftEquip GmbH Elevator Components
Contact person	
Phone	+49 (7158) 12-2929
Fax	+49 (7158) 12-2971
E-Mail	Kontakt@liftequip.de
Date	

Guide type	<input type="checkbox"/> Sliding <input type="checkbox"/> Short <input type="checkbox"/> Long <input type="checkbox"/> High load <input type="checkbox"/> Roller <input type="checkbox"/> 60 <input type="checkbox"/> 100 <input type="checkbox"/> 180 <input type="checkbox"/> 300 mm
Lubricator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application for	<input type="checkbox"/> Car <input type="checkbox"/> Counterweight
Rated speed [m/s]	_____
Guide rail head [mm]	<input type="checkbox"/> 5 <input type="checkbox"/> 9 <input type="checkbox"/> 16 <input type="checkbox"/> 19 <input type="checkbox"/> 28.6

Notes:
