TALEP / SİPARİŞ FORMU

FİRMA : .....

GÖNDEREN : .....

ADRES : .....

.....

TELEFON : ..... TELEFAX : .....

Aşağıdaki Gazlı Amortisör için ☐ fiyat teklifinizi ☐ siparişimizi göndermenizi rica ederiz.

MİKTAR / PARTİ : ..... MİKTAR / YIL : .....

NOTLAR : .....

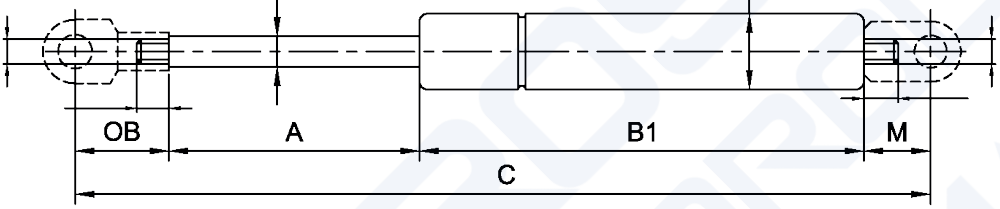
Kullanım alanını tarif ediniz :

.....

F_1(N) :
(Kuvvet - Newton)

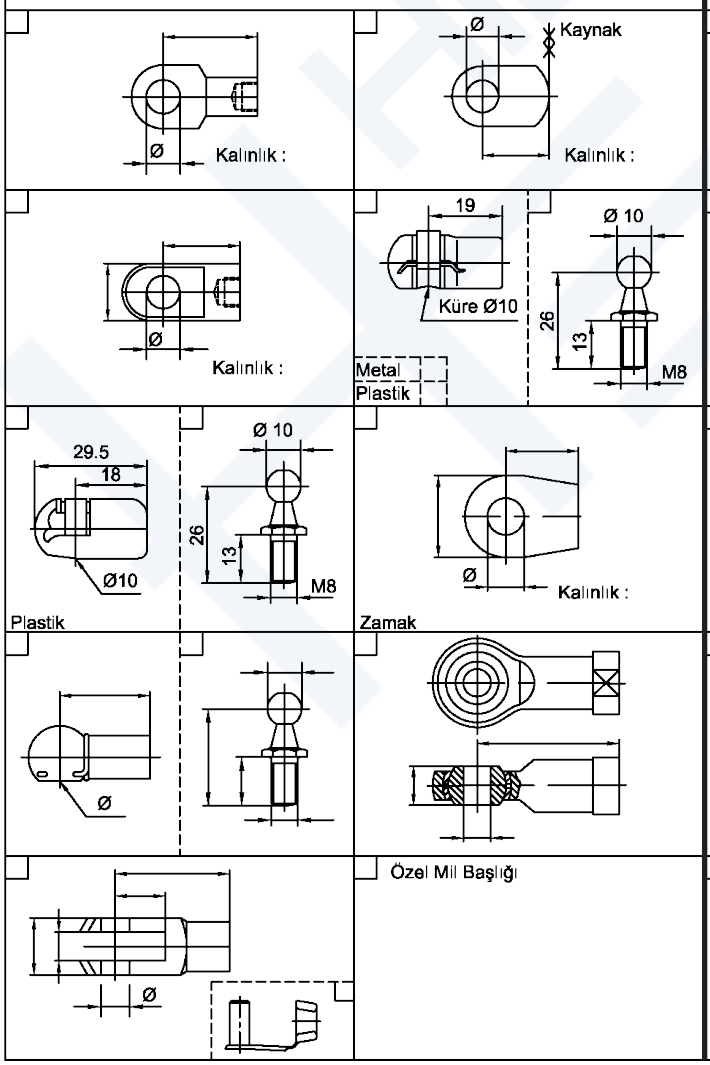
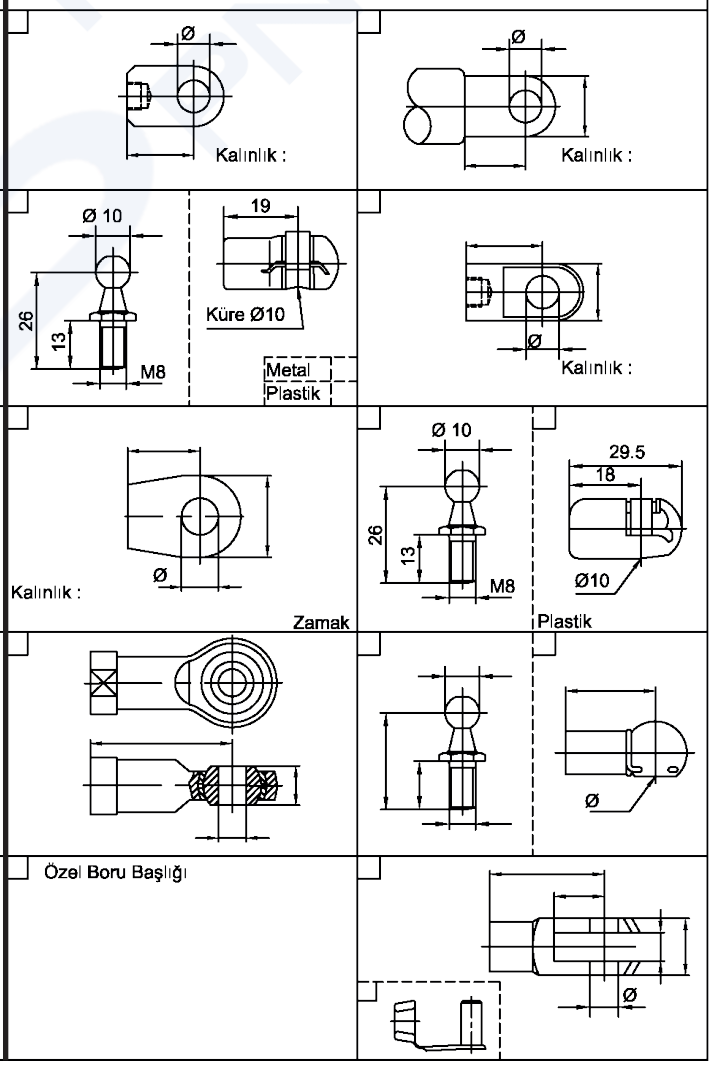
ØM	4	6	8	10	14	20	25	30	

ØB	12	15	18	22	28	40	55	70	



ØM	ØB	A	C	F_1(N)	B1	OB	M

MİL BAŞLIĞI



BORU BAŞLIĞI