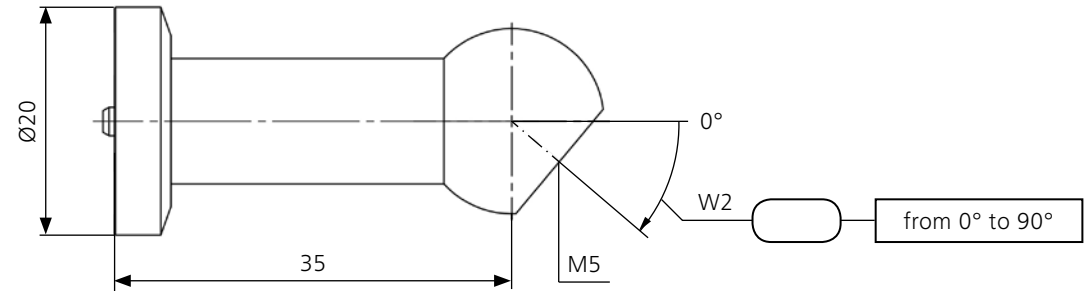
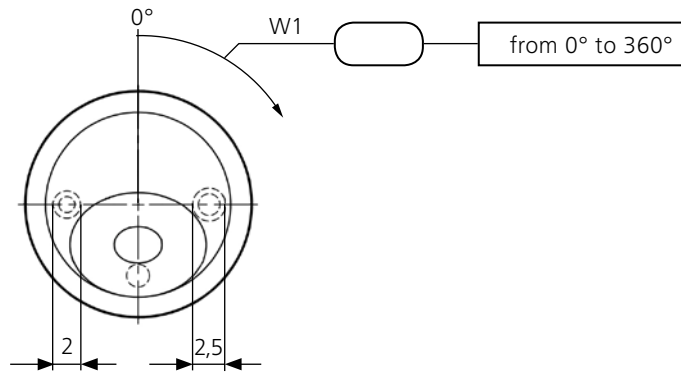


Long spatial angle with ThermoFit Pro adapter / inquiry

Long spatial angle

Quantity: _____



Company

Department

Name, First

Address

City / Zip

Phone

E-Mail

Fax

Fax inquiry:

Please fill in the specifications into the right fields. Sign the desired quantity into the fields on the top of the page. Print the page.

Send the fax inquiry to:

+49 7361 6336 29



We make it visible.