QUOTE REQUEST LIFT TABLE BELLOWS
Please complete this form and email or fax to your desired location
info@hennig-inc.com   Find Your Regional Contact
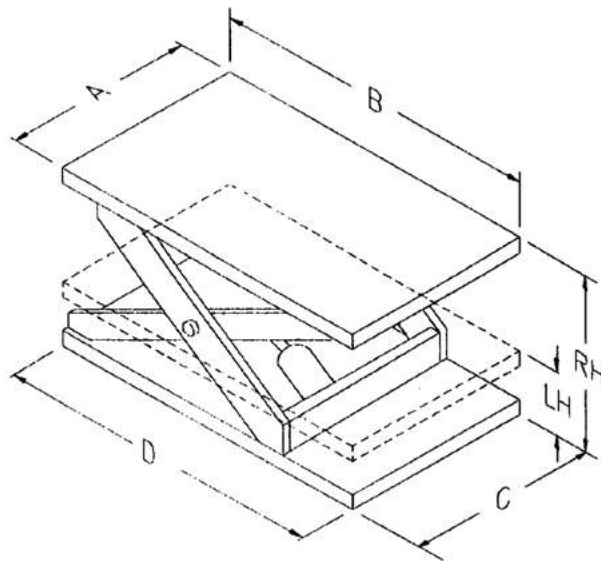
|||||HENNIG®
global excellence in machine protection

❶ COMPANY (complete address)

_____

_____

_____

_____

Name _____

Title   _____

E-mail _____

Phone _____ Fax _____ Date ____/____/_____
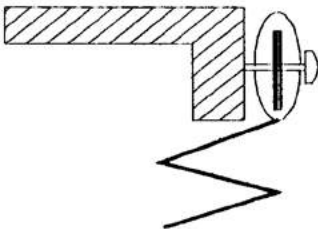
❷ DIMENSIONS

A _____

B _____

C _____

D _____

Raised Height   _____

Lowered Height   _____

Number of Units   _____

❸ MOUNTING

☐ Inside Mount   ☐ Outside Mount