



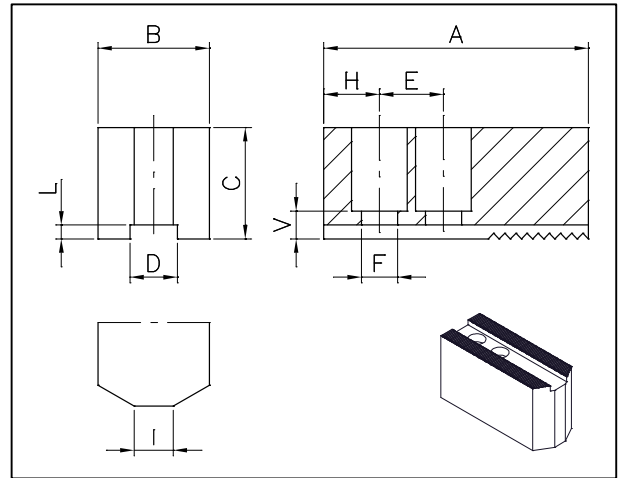
NOME SOCIETA':  
Company Name: \_\_\_\_\_

DATA:  
Date: \_\_\_\_\_

IL TUO NOME:  
Your Name: \_\_\_\_\_

TELEFONO:  
Phone: \_\_\_\_\_

QUANTITA' PEZZI:  
Quantity pcs: \_\_\_\_\_



**NOTE**

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MARCA MANDRINO CODICE MODELLO:  
Chuck Make & Model Number: \_\_\_\_\_

PER AIUTARVI A FORNIRE UN SERVIZIO MIGLIORE PER VOI.  
Chuck Make & Model Number may help us provide better service to you.

A	B	C	D	E	F	H	I	L	V

**MATERIALE - Material**

<p><input type="checkbox"/> A Acciaio Steel Fe510D</p>	<p><input type="checkbox"/> B Acciaio Steel C45</p>	<p><input type="checkbox"/> C Alluminio Aluminium E7075 T6</p>	<p><input type="checkbox"/> D Acciaio Steel 18NiCrMo5</p>
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**DENTATURA - Serration**

<p><input type="checkbox"/> 1/16"X90° <input type="checkbox"/> 3/32"X90°</p> <p>Imperial</p>	<p><input type="checkbox"/> 1.5X60° <input type="checkbox"/> 2.5X60° <input type="checkbox"/> 3.0X60°</p> <p>Metric</p>
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**ANGOLO PUNTA - Angle pointed**

<p><input type="checkbox"/> A</p> <p>Piana - Flat</p>	<p><input type="checkbox"/> B</p>	<p><input type="checkbox"/> C</p>	<p><input type="checkbox"/> D</p>
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**FORATURA - Hole**

<p><input type="checkbox"/> A</p> <p>3 fori-hole</p>	<p><input type="checkbox"/> B</p> <p>Senza fori - without hole</p>
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**ALLEGGERIRE - Ligten**

<p><input type="checkbox"/> A</p>	<p><input type="checkbox"/> B</p>
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S1	S2	L1	L2