ABS UTENSILI s.r.l.	Documento di supporto RICHIESTA MODIFICA AFFILATURA LAME HM	Cert. N. IT04/0525

DATA : ..... AGENTE : ..... CLIENTE : .....

DDT : ..... DEL ..... QUANTITA' : .....

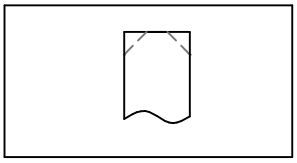
N.B.
Unita' misura: mm.

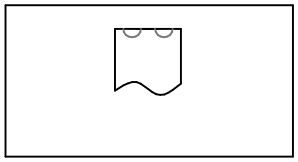
LAME HM: ☐

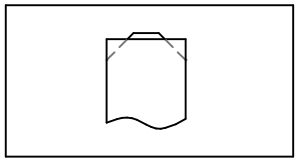
-INDICARE MODIFICA O AFFILATURA DESIDERATA:

1)GRADI: .....

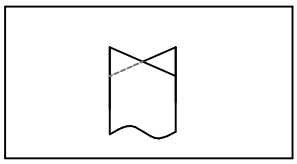
2)TIPO SMUSSO: BW ☐ ROMPITRUCIOLO ☐ DENTE PIANO-TRAPEZOIDALE ☐







DENTE ALTERNO (DX-SX) ☐ DENTE PARTICOLARE ☐



-AFFILATURA IN COPPIA ☐

MODIFICA FORI TRASCINAMENTO ☐

(specificare tipo di lama)

.....

SCHIZZO

NOTE:

Approvato da RSGQ