

**QUESTIONNAIRE**

**Customer**

first name

last name

company

plant

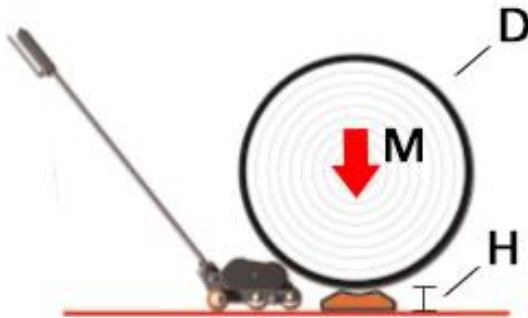
country

tel

email

Model	Quantity
<input type="checkbox"/> <b>moviroll MRE</b> battery roll pusher	<input type="text"/>
<input type="checkbox"/> <b>moviroll MR</b> pneumatic roll pusher	<input type="text"/>

**Please provide the following information**



**M = roll weight**  
min. \_\_\_\_\_ lbs    max. \_\_\_\_\_ lbs

**D = roll diameter**  
min. \_\_\_\_\_ m    max. \_\_\_\_\_ m

**H = shuttle cart height**  
\_\_\_\_\_ mm

**Roll material**

- paper
- tissue
- wire&cable
- other

please specify \_\_\_\_\_  
\_\_\_\_\_

**Voltage for battery charger**

- 110 V
- 220 V