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Wire

- Inquiry
- Order

Title:

Your Company:

First/Second Name: *

Your Street:

Postal Code / City:

Your Country:

Telefon-Number: *

Fax-Number:

eMail: *

(*) Mandatory fields

	Pos. 1	Pos. 2	Pos. 3	Pos. 4	Pos. 5
Material	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dimensions [mm]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tolerance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount [kg] in a delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Strength [N/mm²]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specification (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Surface

(matt, shiny, light-shiny, lightly oiled, coated, oil- and greasefree)

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Delivery form

Bands

(RID, RAD, weight per band; wound clockwise/counterclockwise)

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Bars

(Length, length tolerance)

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Coils

(DIN, weight per coil)

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Date of delivery [dd.mm.yy.]

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Purpose

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Comment

Are there more requirements?

Spring wire: Circularity/screw line form of the wire?

Send

Reset

Thank You!

You can not save this form filled out. If you need this for your documents, please print it out.