

E-K-K

**Enrico
Köhler**



Rohre - Edelstahl - Titan - Draht - Service

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Tubes

- 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
Welded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welded tightened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seamless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount [m] (in a delivery)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dimensions [mm]

Outer-Ø	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inner-Ø	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wall	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tolerance (EN ISO 1127)

Outer-Ø [mm]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inner-Ø [mm]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wall thickness [mm]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Strength [N/mm²]

(soft, half-hard, hardened, spring-hard)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surface, outside

matt, bright, ground grain size, polished etc.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of delivery [dd.mm.yy.]

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Purpose

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Comment

Are there more requirements?

Send

Reset

Thank You!

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