



**Wössner GmbH**

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**Shelf Piston Order Form**  
 Fax to +49 (0) 7621 95 66 49-25

Account Number \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Street \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Quantity (Set / Each)	Part #	Comments

**We will return a fax confirmation as soon as possible!**

Parts available  Yes  No Confirmation \_\_\_\_\_

