PLEASE NOTE THAT ALL MEASURES MUST BE WRITTEN IN mm.
COMPILE AND SEND BY FAX AT +39 0445 640225 OR BY EMAIL AT INFO@OMP-GROUP.IT

TYPE OF PRODUCTION: _____________________________ TYPE OF MATERIAL: _____________________________

TYPE OF SHAPE

○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○

TUBE

OPEN PROFILE

OTHER/SPECIFY

DRAWING OF LASER CUT:

DIAMETER: MIN: __________ MAX: __________

THICKNESS: MIN: __________ MAX: __________

LENGTH OF CUT TUBE: MIN: __________ MAX: __________

LOADED TUBE LENGTH: MIN: __________ MAX: __________

BUNDLE WEIGHT: MAX: __________

AUTOMATIC LOADER:

UNLOADER:

○ STANDARD

○ OTHER: _____________________________

HOURLY PRODUCTION: __________

SHIFTS: __________