

## 1. Информация о заказчике

- название организации
- адрес организации
- телефон
- контактное лицо
- телефон, e-mail контактного лица

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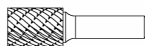
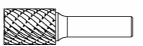
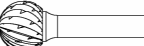
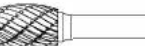
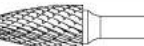
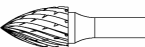
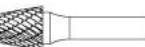
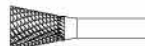
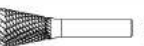
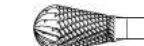
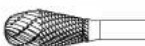
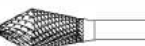
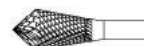
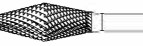
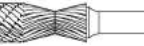
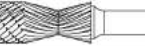
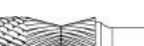
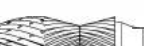
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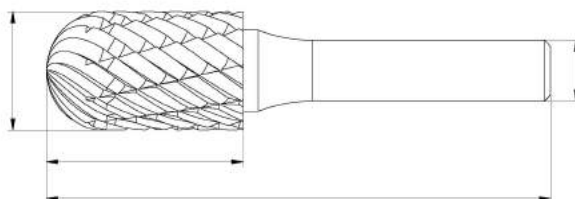
## 2. Форма борфрезы

|                                                                                    |                                                                                     |                                                                                     |                                                                                      |                                                                                       |                                                                                       |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> A                                                         | <input type="checkbox"/> B                                                          | <input type="checkbox"/> C                                                          | <input type="checkbox"/> D                                                           | <input type="checkbox"/> E                                                            | <input type="checkbox"/> F                                                            |
|    |    |    |     |    |    |
| <input type="checkbox"/> G                                                         | <input type="checkbox"/> H                                                          | <input type="checkbox"/> J                                                          | <input type="checkbox"/> K                                                           | <input type="checkbox"/> L                                                            | <input type="checkbox"/> M                                                            |
|    |    |    |     |    |    |
| <input type="checkbox"/> N                                                         | <input type="checkbox"/> NT                                                         | <input type="checkbox"/> AN                                                         | <input type="checkbox"/> BN                                                          | <input type="checkbox"/> CN                                                           | <input type="checkbox"/> DN                                                           |
|    |    |    |     |    |    |
| <input type="checkbox"/> EN                                                        | <input type="checkbox"/> FN                                                         | <input type="checkbox"/> GN                                                         | <input type="checkbox"/> HN                                                          | <input type="checkbox"/> JN                                                           | <input type="checkbox"/> KN                                                           |
|  |  |  |   |  |  |
| <input type="checkbox"/> LN                                                        | <input type="checkbox"/> MN                                                         | <input type="checkbox"/> SP                                                         | <input type="checkbox"/> ASP                                                         | <input type="checkbox"/> BSP                                                          | <input type="checkbox"/> CSF                                                          |
|  |  |  |   |  |  |
| <input type="checkbox"/> DSP                                                       | <input type="checkbox"/> ESP                                                        | <input type="checkbox"/> FSP                                                        | <input type="checkbox"/> HSP                                                         | <input type="checkbox"/> HSP                                                          | <input type="checkbox"/> JSP                                                          |
|  |  |  |   |  |  |
| <input type="checkbox"/> KSP                                                       | <input type="checkbox"/> LSP                                                        | <input type="checkbox"/> MSP                                                        | <input type="checkbox"/> BMD                                                         | <input type="checkbox"/> B                                                            | <input type="checkbox"/> Y                                                            |
|  |  |  |  |  |  |
|                                                                                    |                                                                                     |                                                                                     |                                                                                      | <input type="checkbox"/> C                                                            | <input type="checkbox"/> без покрытия                                                 |

Тип заточки Другая форма

|                                                                                    |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                      |                                                                                       |                                                                                       |                                                                                       |                                                                                       |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> C                                                         | <input type="checkbox"/> CX                                                         | <input type="checkbox"/> M                                                          | <input type="checkbox"/> MX                                                         | <input type="checkbox"/> F                                                          | <input type="checkbox"/> FX                                                         | <input type="checkbox"/> KX                                                         | <input type="checkbox"/> TX                                                          | <input type="checkbox"/> VX                                                           | <input type="checkbox"/> P                                                            | <input type="checkbox"/> NF                                                           | <input type="checkbox"/> AX                                                           |
|  |  |  |  |  |  |  |  |  |  |  |  |

## 4. Геометрические размеры



## 6. Дополнительная информация

Распечатайте эту страницу каталога, заполните данные и отправьте нам.

тел./факс: 8 (495) 988-83-07; тел./факс: 8 (496) 772-59-52

www.RiT-i.ru: E-mail: info@rit-i.ru.