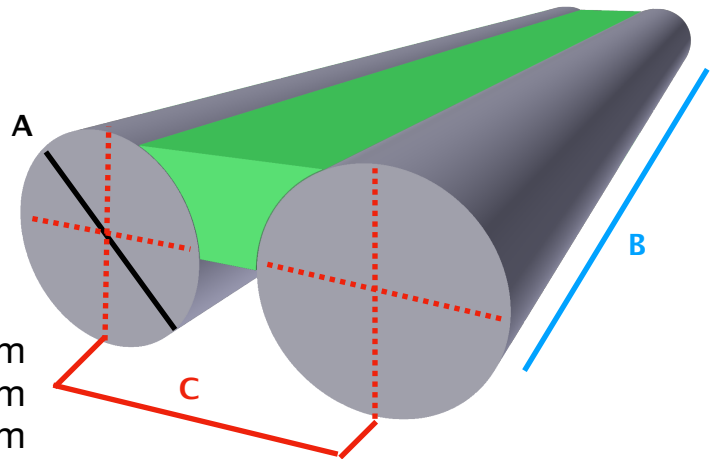


# Questionnaire

Company name : \_\_\_\_\_  
Your name : \_\_\_\_\_  
City : \_\_\_\_\_  
E-mailadress : \_\_\_\_\_



Please mention:  
Roll diameter (A) : \_\_\_\_\_ mm  
Roll length (B) : \_\_\_\_\_ mm  
Roll distance (C) : \_\_\_\_\_ mm  
Required quantity : \_\_\_\_\_ pcs

Please send the filled in form to:

[sales@dicar.eu](mailto:sales@dicar.eu)

