

Anfrage Bestellung
 inquiry order



Datum: date		Firmenstempel:
Kundennr.: customer numbers		
Kommission: reference		
Bestellung: order	per Fax 03385 / 610 99 89 per Telefon 03385 / 610 99 88 via E-Mail order@kaps-vision.com	

	∅	SPH	CYL	AXE	ADD 1	ADD 2	PRISM 1	BASE 1	PRISM 2	BASE 2
R										
L										

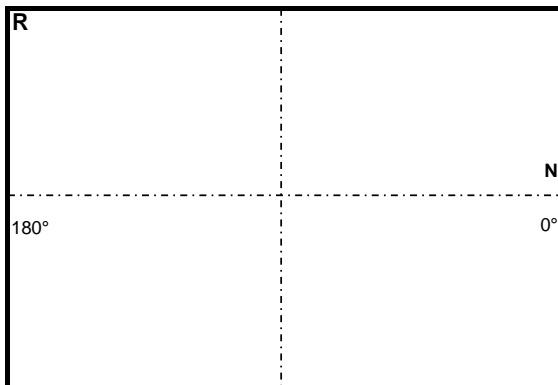
Option	Glasart / product	EDV	Veredelung / coating	R €	L €
1					
2					
3					
4					

	PD distances	ESH height	HSA vertax	HSA neu vertax new	Inset inset	FSW fr. curve	VN inklination	1	2	3	4
R											
L											
PMZ-Fall		Einschleifservice		ja		nein					
Formel- Fall											

Breite (a)
shape width (A)

Höhe (b)
height (B)

Stegweite (d)
bridge width (D)



Bemerkung / comment

Mitte center mm	Option	R	L
	1		
	2		
	3		
	4		

Gewicht weight gr.	Option	R	L
	1		
	2		
	3		
	4		

Rand edge mm	Option	R				L			
		0°	90°	180°	270°	0°	90°	180°	270°
	1								
	2								
	3								
4									

Toleranz +/- 0,2mm