KUKA SYSTEMS GMBH

I n q u i r y

KS Turnflex

Fax: +49(0)821/797 - 1896 Date:

Company:*

Plant:

First name, last name:*

Department:

Telephone:*

Telefax:

e-mail:*

Please contact us ☐

Please send us a budget quotation ☐

Technical data

Weight of component* approx.

Dimensions of component* approx.

*Number of parts in the magazine approx.

*Cycle time approx.

Remarks

Supply of the tool plate by ☐ KUKA ☐ Customer ☐ Other Remarks concerning supply

Brief description of the application:

* = mandatory fields