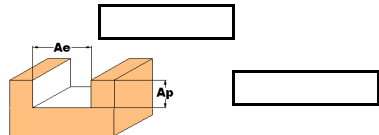
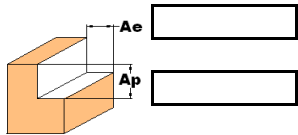
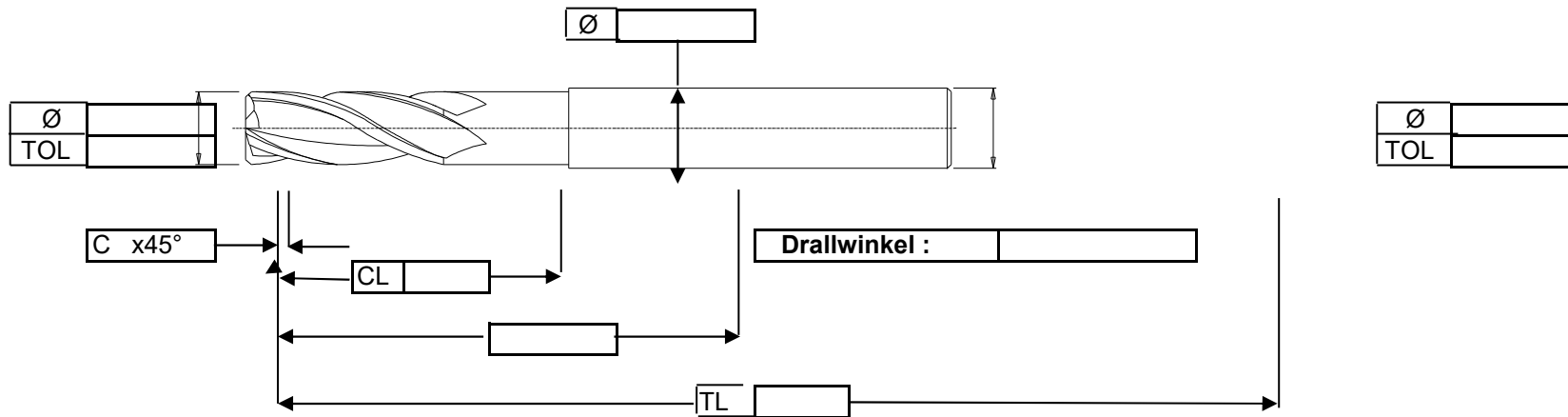
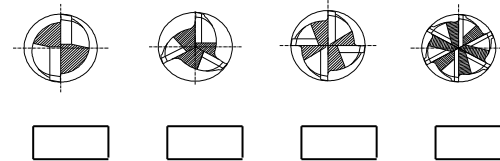


Fräser



Anzahl Zähne:



Firmenname -		VHM -	UF	MG	
Herr/Frau -		Zu zerspanendes Material -			
Anfrage-Nr. -		Beschichtung -			
Arbeitsbedingungen	Vc	Vf	Kühlung -	trocken	nass
Datum	Stückzahl	Bemerkung -			

Sonstiges: