

# Your **FEBO-Fax** request

FAX: +49 (0)23 62-91 53 15

Company

Name

First Name

Address

Zip Code

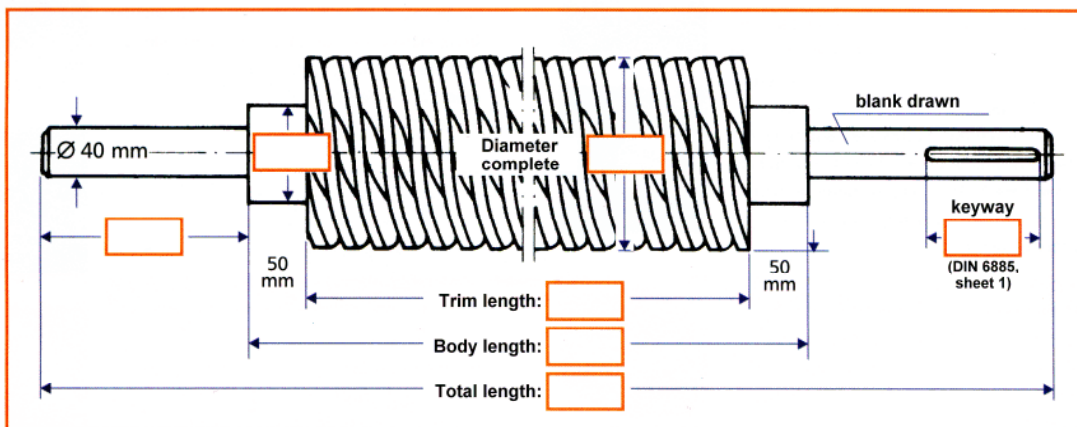
City

Phone

Fax

E-mail

Individual information to your requested roller brush  
(technical information, application etc.):



**Modular**