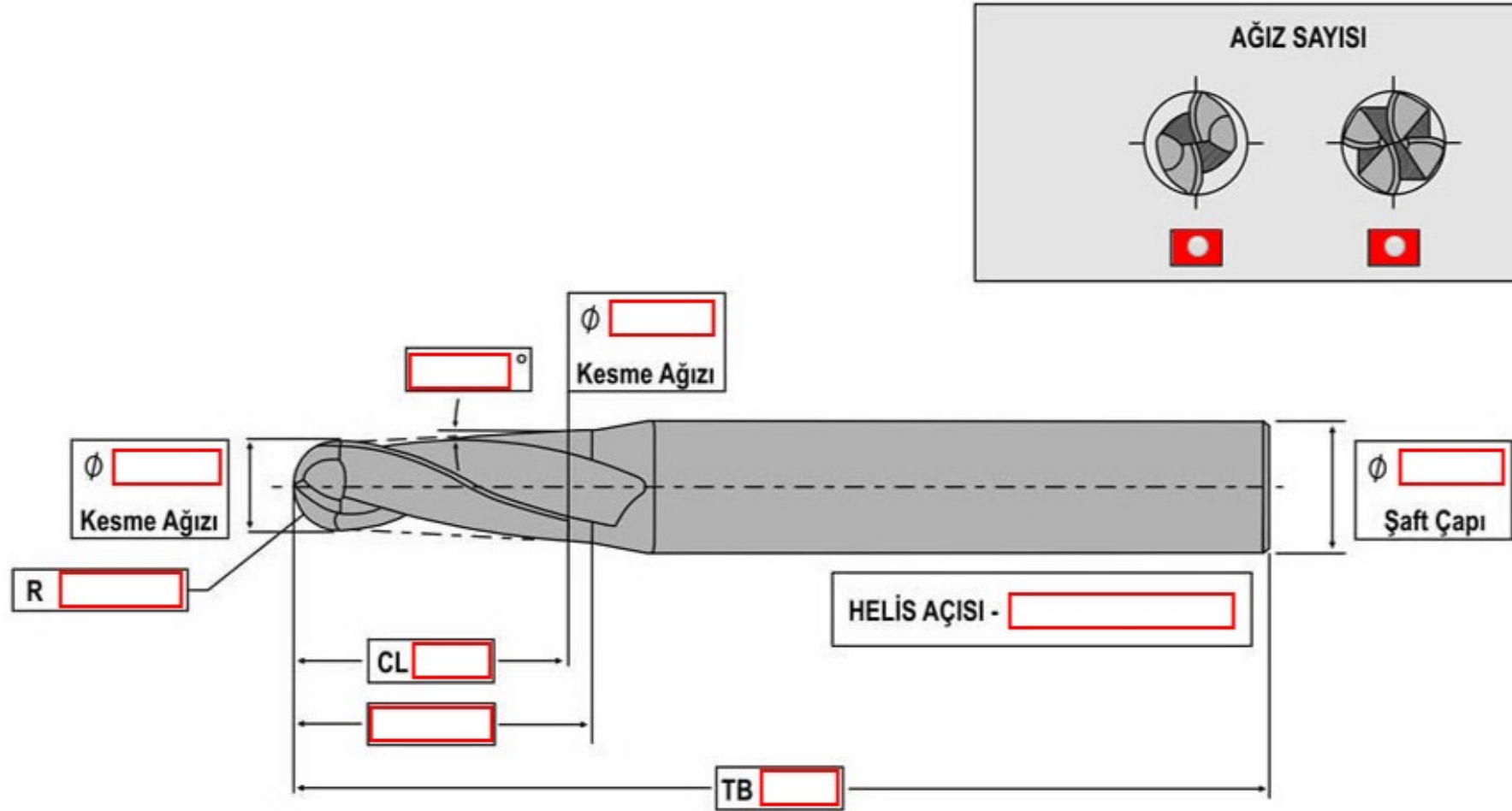


Müşteri Adı	<input type="text"/>	Malzeme	<input checked="" type="radio"/> UF	<input checked="" type="radio"/> MG
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>	
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>	
Kesme Koşulları	Vc: <input type="text"/>	Vf: <input type="text"/>	<input checked="" type="radio"/> Kuru	<input checked="" type="radio"/> Sulu
Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>	

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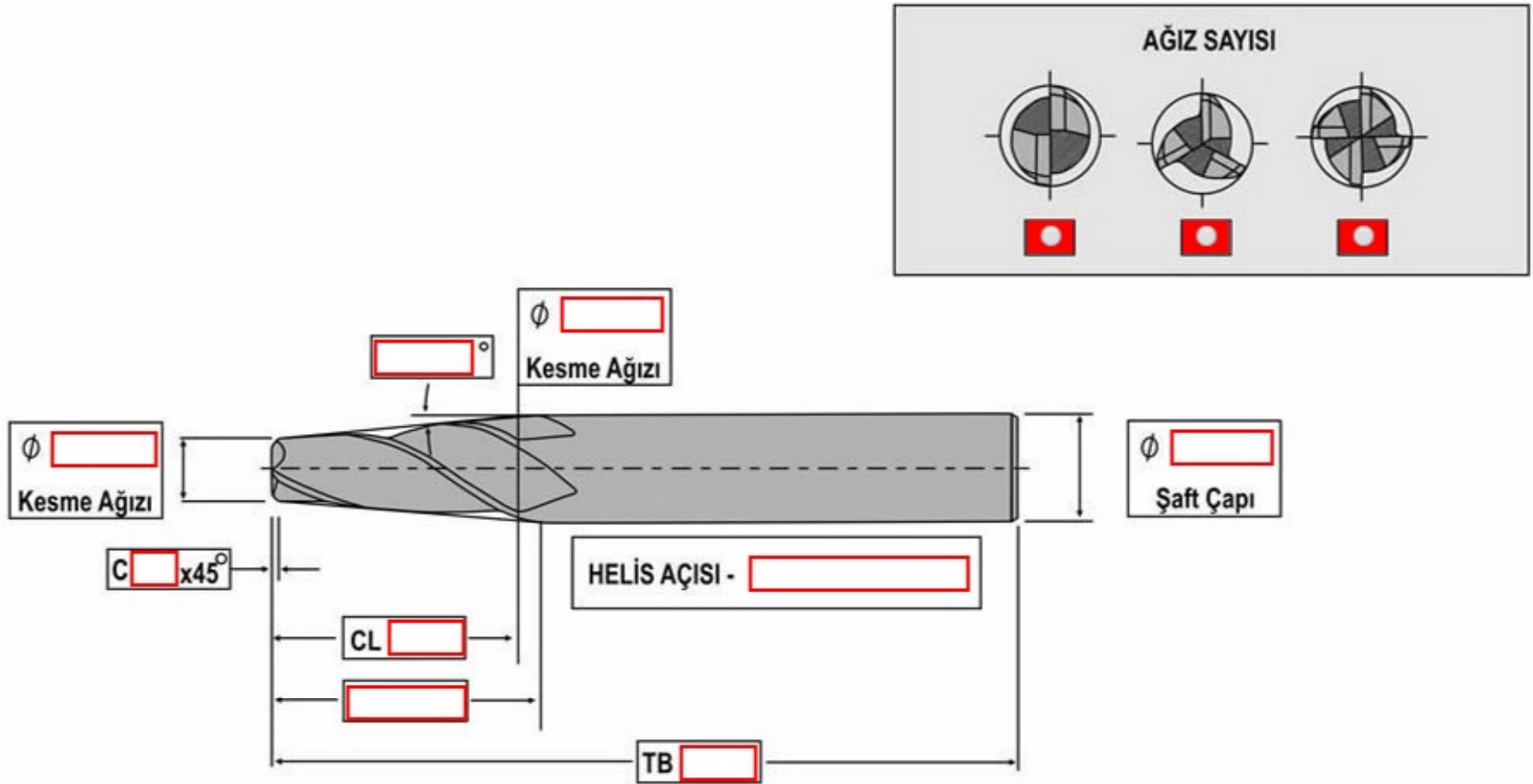
İleri >>



Müşteri Adı	<input type="text"/>	Malzeme	<input type="radio"/> UF	<input type="radio"/> MG
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>	
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Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>	

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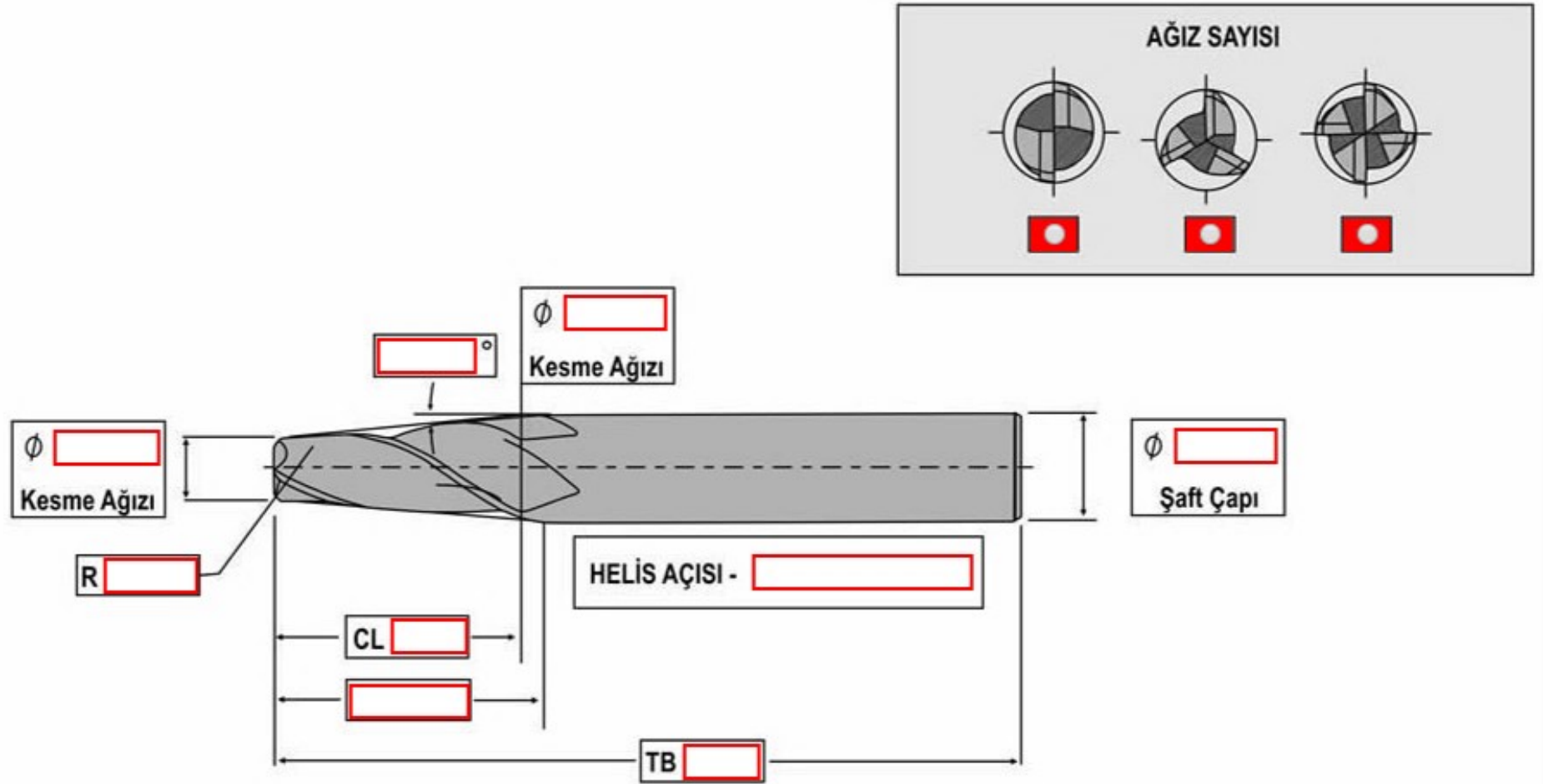
İleri >>



Müşteri Adı	<input type="text"/>	Malzeme	<input checked="" type="radio"/> UF	<input checked="" type="radio"/> MG
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>	
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>	
Kesme Koşulları	Vc: <input type="text"/>	Vf: <input type="text"/>	<input checked="" type="radio"/> Kuru	<input checked="" type="radio"/> Sulu
Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>	

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İleri >>



Müşteri Adı	[]	Malzeme	<input checked="" type="checkbox"/> UF	<input checked="" type="checkbox"/> MG
Personel	[]	İşlenecek Malzeme	[]	
Takip Numarası	[]	Kaplama	[]	
Kesme Koşulları	Vc: []	Vf: []	<input checked="" type="checkbox"/> Kuru	<input checked="" type="checkbox"/> Sulu
Tarih []	Adet: []	Marka	[]	

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İleri >>



AĞIZ TİPİ



HELİS AÇISI -

AĞIZ SAYISI



SOL EL SİRİAL



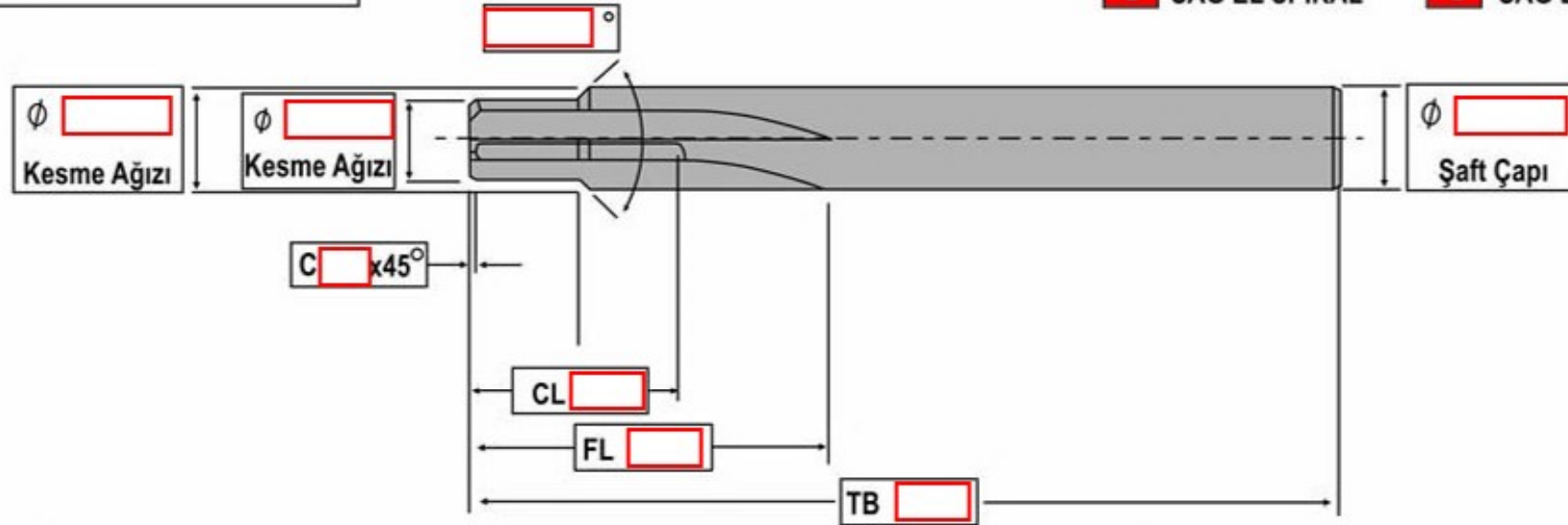
SOL EL KESİM



SAĞ EL SİRİAL



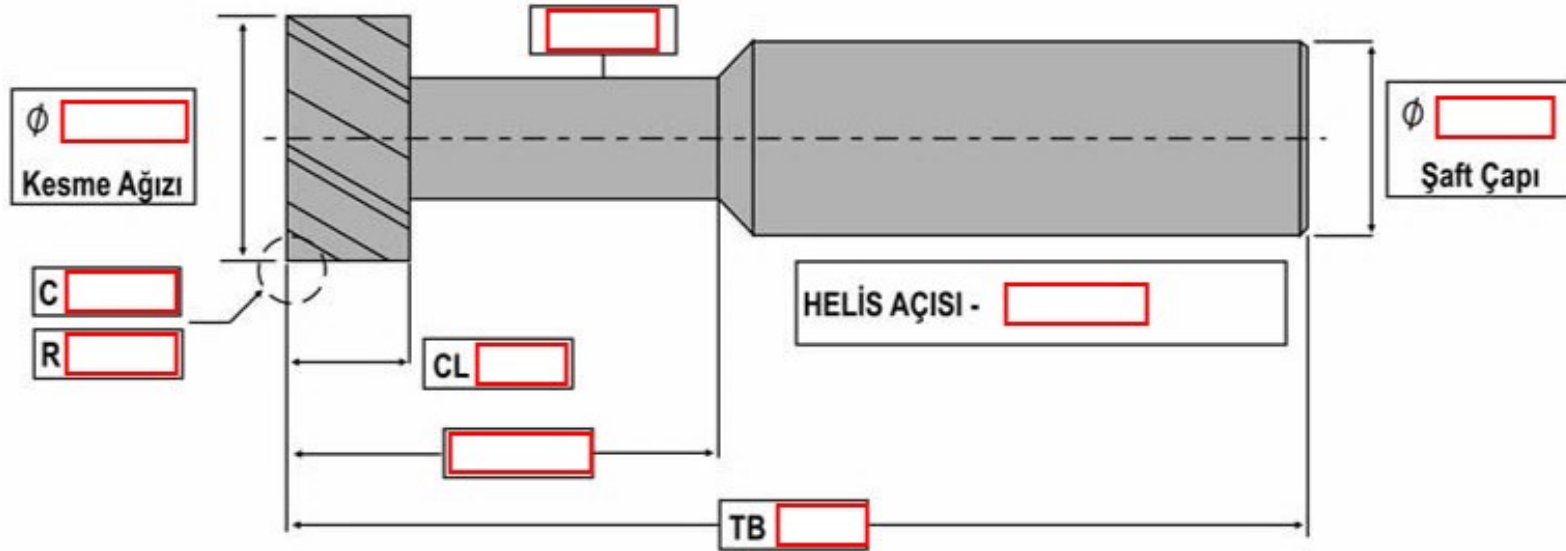
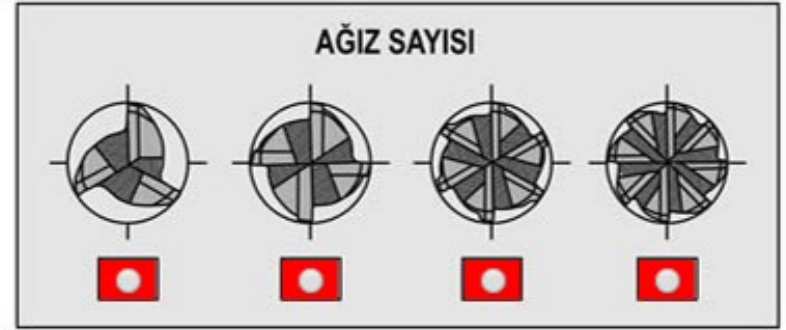
SAĞ EL KESİM



Müşteri Adı	<input type="text"/>	Malzeme	<input type="checkbox"/> UF	<input type="checkbox"/> MG	
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>		
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>		
Kesme Koşulları	Vc: <input type="text"/>	Vf: <input type="text"/>	Soğutma	<input type="checkbox"/> Kuru	<input type="checkbox"/> Sulu
Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>		

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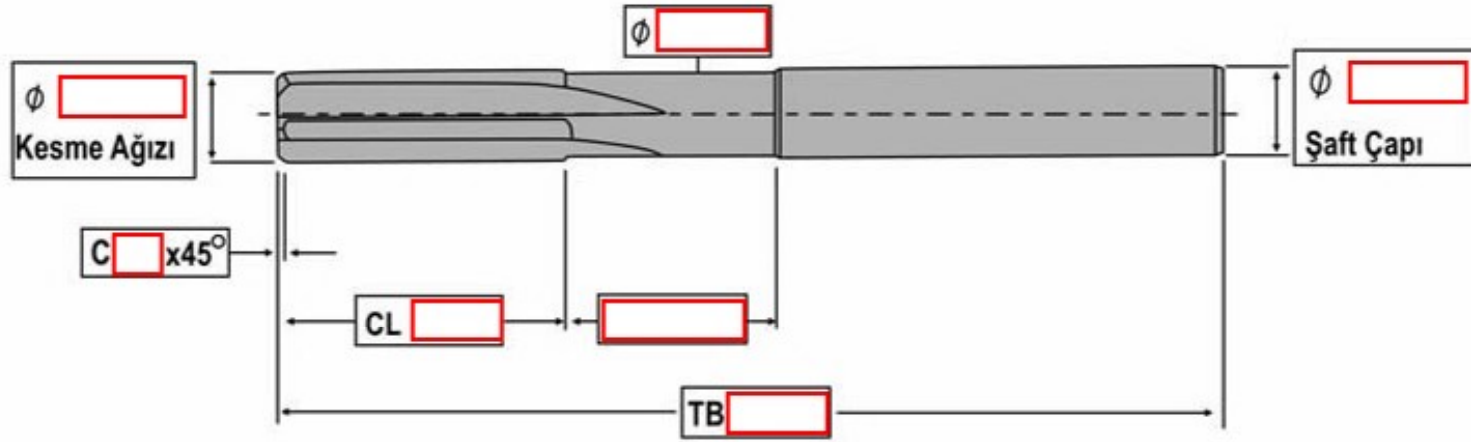
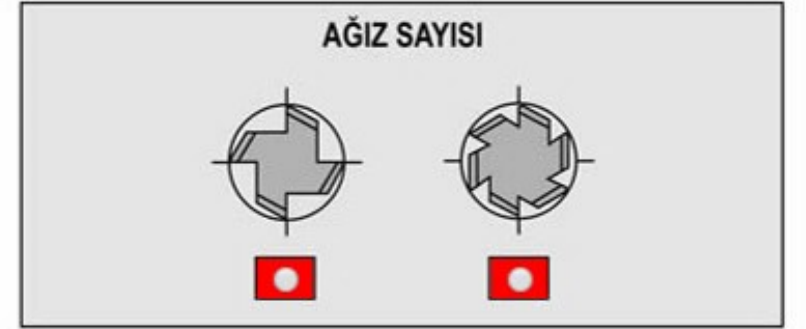
İleri >>



Müşteri Adı	<input type="text"/>	Malzeme	<input type="radio"/> UF <input type="radio"/> MG
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>
Kesme Koşulları	Vc: <input type="text"/> Vf: <input type="text"/>	Soğutma	<input type="radio"/> Kuru <input type="radio"/> Sulu
Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>

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İleri >>



Müşteri Adı	<input type="text"/>	Malzeme	<input checked="" type="radio"/> UF	<input checked="" type="radio"/> MG
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>	
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>	
Kesme Koşulları	Vc: <input type="text"/>	Vf: <input type="text"/>	<input checked="" type="radio"/> Kuru	<input checked="" type="radio"/> Sulu
Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>	

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YÜKSEK SİRAL

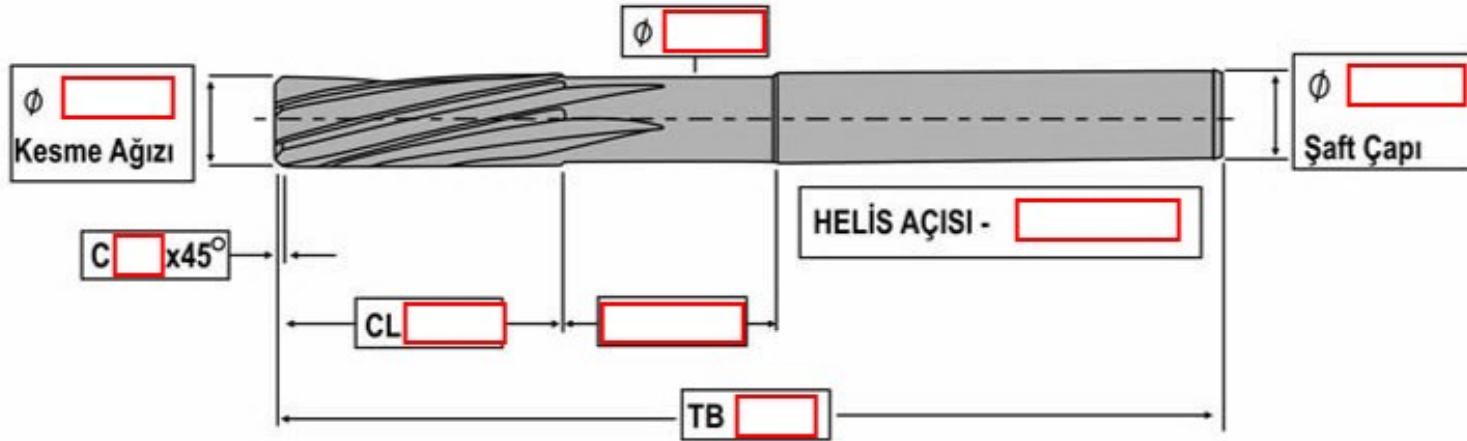


AĞIZ SAYISI



SOL EL SİRAL
 SAĞ EL SİRAL

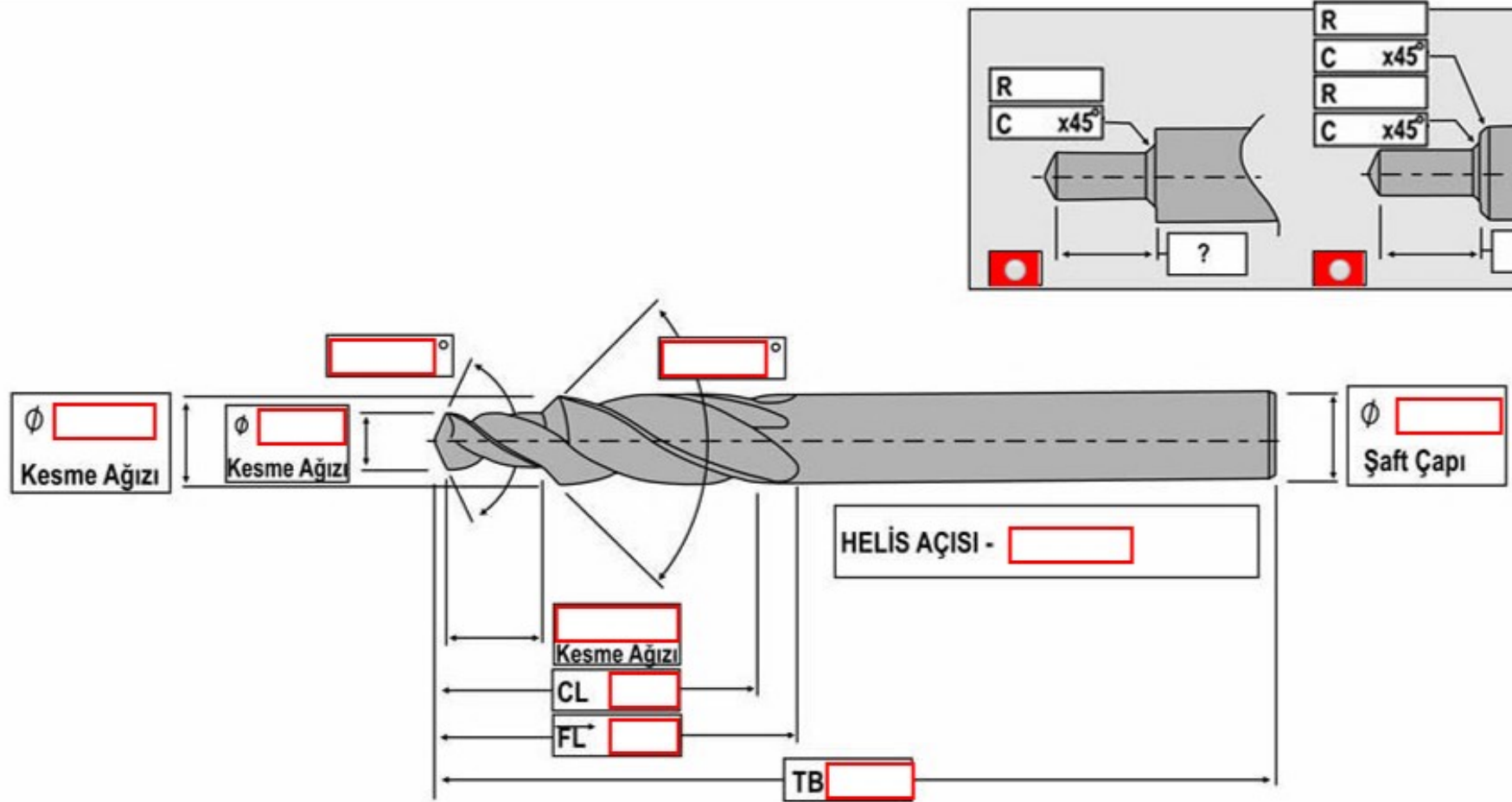
SOL EL KESİM
 SAĞ EL KESİM



Müşteri Adı	<input type="text"/>	Malzeme	<input checked="" type="radio"/> UF <input checked="" type="radio"/> MG
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>
Kesme Koşulları	Vc: <input type="text"/> Vf: <input type="text"/>	Soğutma	<input checked="" type="radio"/> Kuru <input checked="" type="radio"/> Sulu
Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>

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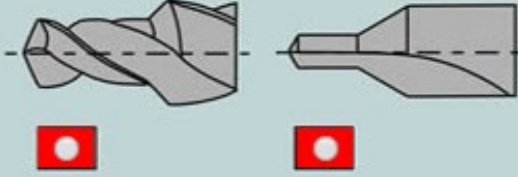
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Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>		
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>		
Kesme Koşulları	Vc: <input type="text"/>	Vf: <input type="text"/>	Soğutma	<input checked="" type="radio"/> Kuru	<input checked="" type="radio"/> Sulu
Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>		

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AĞIZ TİPİ



HELİS AÇISI -

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Kesme Ağızı

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Ön Çap

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TB

Müşteri Adı	<input type="text"/>	Malzeme	<input checked="" type="radio"/> UF	<input checked="" type="radio"/> MG
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>	
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>	
Kesme Koşulları	Vc: <input type="text"/>	Vf: <input type="text"/>	<input checked="" type="radio"/> Kuru	<input checked="" type="radio"/> Sulu
Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>	

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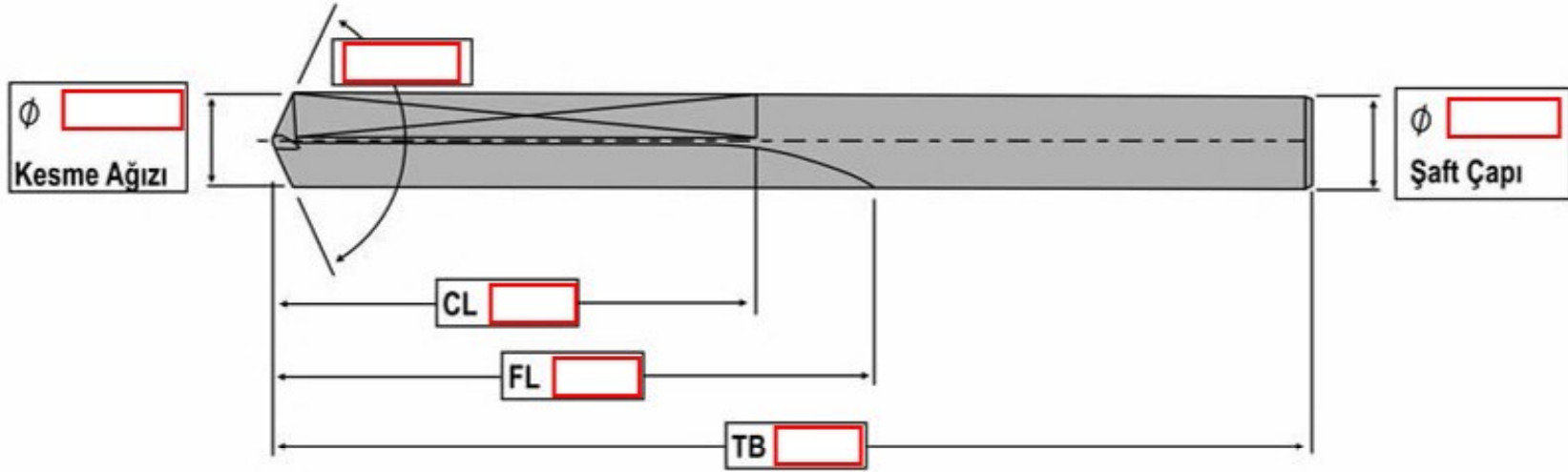
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YAĞ KANALSIZ



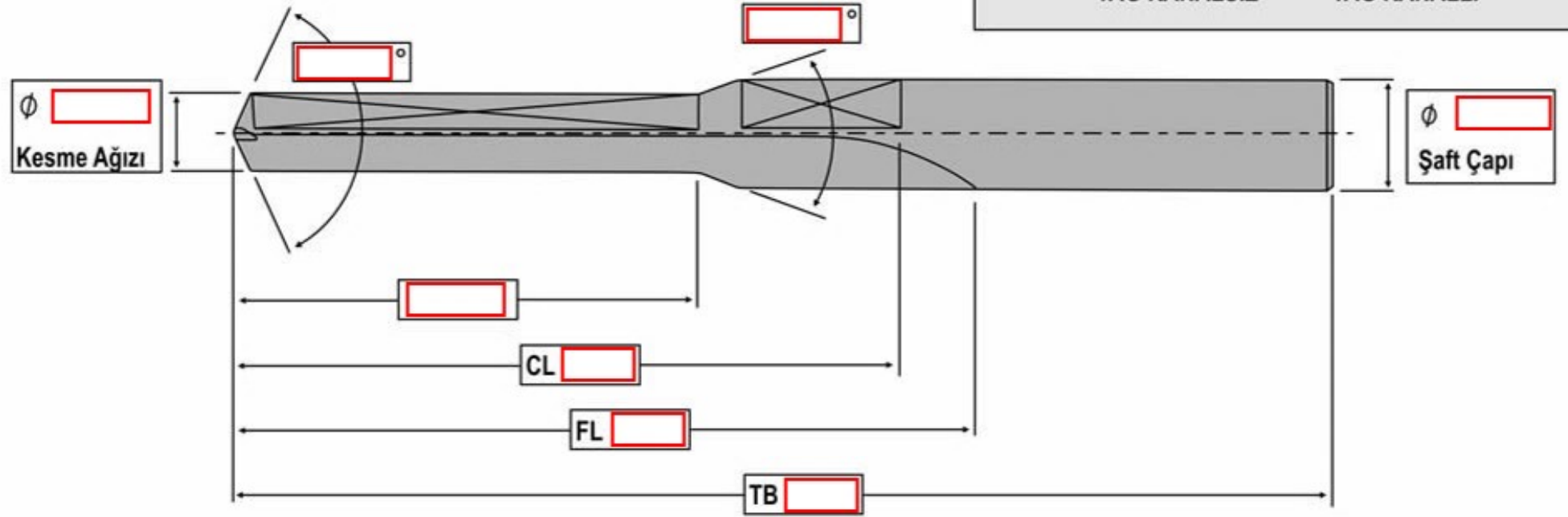
YAĞ KANALLI



Müşteri Adı	<input type="text"/>	Malzeme	<input checked="" type="radio"/> UF	<input checked="" type="radio"/> MG
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>	
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>	
Kesme Koşulları	Vc: <input type="text"/>	Vf: <input type="text"/>	<input checked="" type="radio"/> Kuru	<input checked="" type="radio"/> Sulu
Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>	

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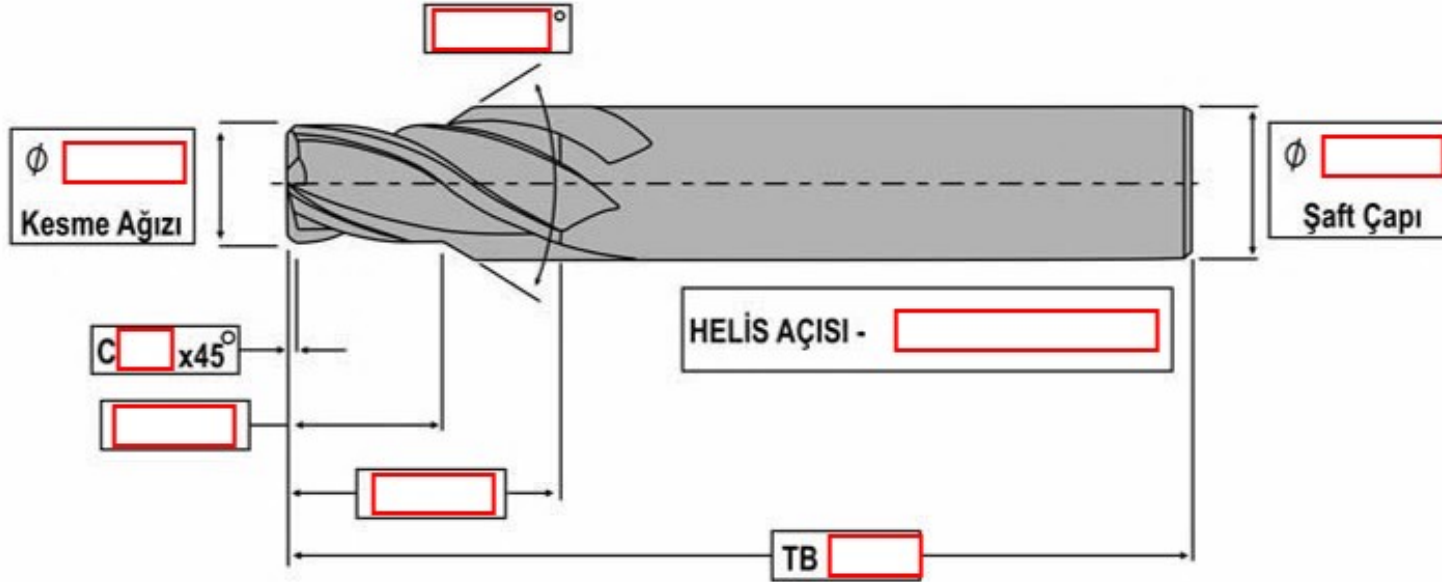
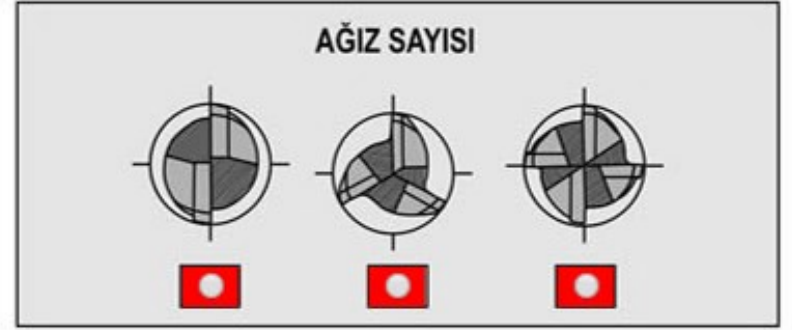
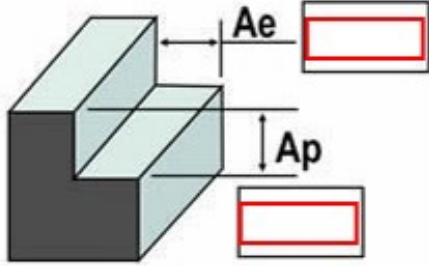
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Müşteri Adı	<input type="text"/>	Malzeme	<input checked="" type="radio"/> UF	<input checked="" type="radio"/> MG
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>	
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>	
Kesme Koşulları	Vc: <input type="text"/>	Vf: <input type="text"/>	<input checked="" type="radio"/> Kuru	<input checked="" type="radio"/> Sulu
Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>	

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Müşteri Adı	<input type="text"/>	Malzeme	<input type="radio"/> UF	<input type="radio"/> MG
Personel	<input type="text"/>	İşlenecek Malzeme	<input type="text"/>	
Takip Numarası	<input type="text"/>	Kaplama	<input type="text"/>	
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Tarih <input type="text"/>	Adet: <input type="text"/>	Marka	<input type="text"/>	

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