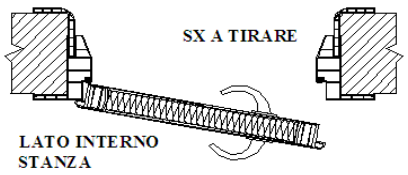
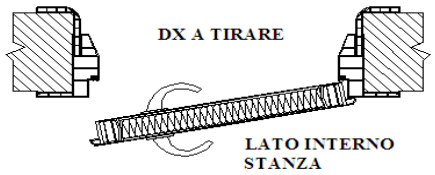
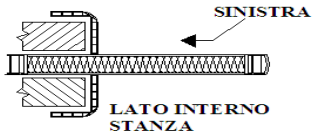
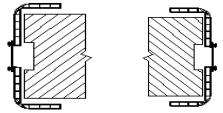
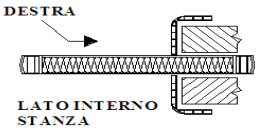
portapiù

MODULO D'ORDINE

CLIENTE:	**Data**	**Ord. N.**
Indirizzo:	**Consegna**	**Trasporto**
Città: **Tel.**	**Pagamento:**	

POS.	QUANTITA'	MISURE FORO MURO LxH	SPESSORE MURO	SENSO APERTURA A TIRARE **	COLORE LAMINATO	COLORE PVC	TIPOLOGIA	MANIGLIE	L/O	NOTE