

BESTELLBLATT

GM GLASSCHUTZ HOCH

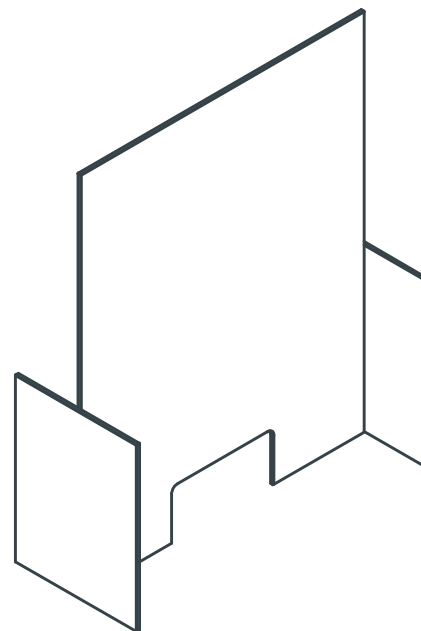
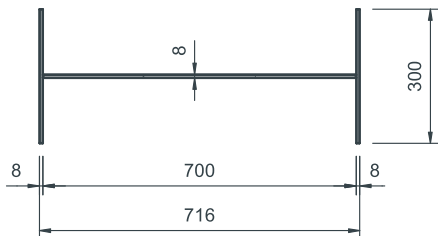
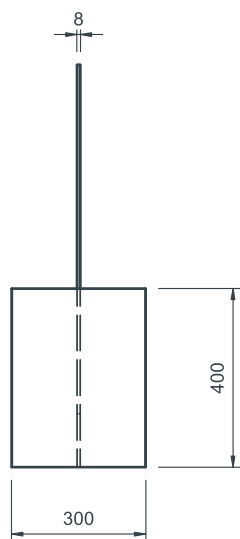
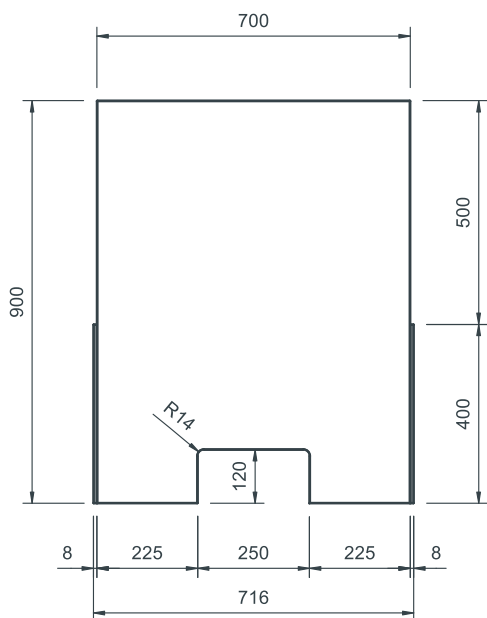
glasmarte®

Firma	
Ansprechperson	
Straße/Nr.	
PLZ/Ort	
Land	
Telefon	

E-Mail	
Sachbearbeiter	
Lieferanschrift	

ANGABEN ZUR BESTELLUNG

Anzahl GM GLASSCHUTZ HOCH Stück



Anmerkungen:	
 Ort, Datum Firmenmässige Zeichnung (Firmenstempel)