



Schmalzhofgasse 1b
A-1060 Wien
Tel.: +43 (1) 5973235
Fax: +43 (1) 5971830
uhrband@europe.com

Bestellformular

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| Kundenname | Kunden-Nummer: |
| | Tel.: |
| Strasse/Nr.: | Fax: |
| PLZ/Ort: | E-Mai: |

| Artikel-Nr.: | Breite | Länge normal/XL | | Schließe w/g | Menge |
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Datum

Unterschrift