

Kundennummer: _____

Datum: _____

Firma: _____

Name: _____

Strasse: _____

PLZ Stadt: _____

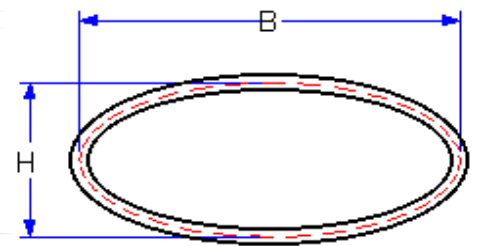
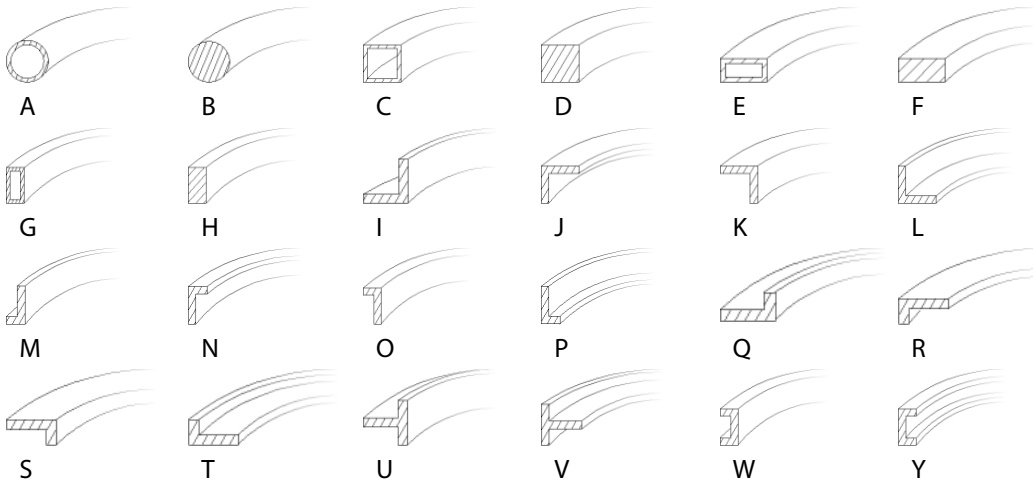
Telefon: _____

Fax: _____

E-Mail: _____

Anfrage

Bestellung



ELIPSE

Position	1	2	3
Anzahl	<input type="text"/>	<input type="text"/>	<input type="text"/>
Werkstoff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material Abmessung in mm	<input type="text"/>	<input type="text"/>	<input type="text"/>
Höhe in mm	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breite in mm	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biegeform(A, B, C,.....)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nachschleifen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anmerkungen/
Mitteilung:

Unterschrift/Stempel: _____