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Anschrift / Stempel

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| Bestellung |  |
| Angebot |  |
| Datum |  |

Schiebefenster Aluminium

Bitte ankreuzen bzw. ausfüllen

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pos. | Stück | Breite | Höhe | Hauptflügel (innen) | Variante | Farbe | Verglasung | Griffkombination | Griffhöhe |
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Mitteilung:

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