

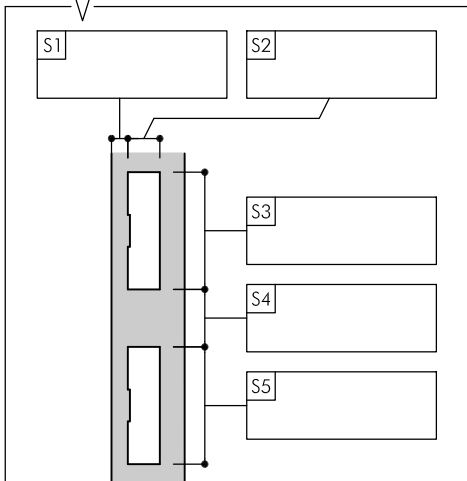
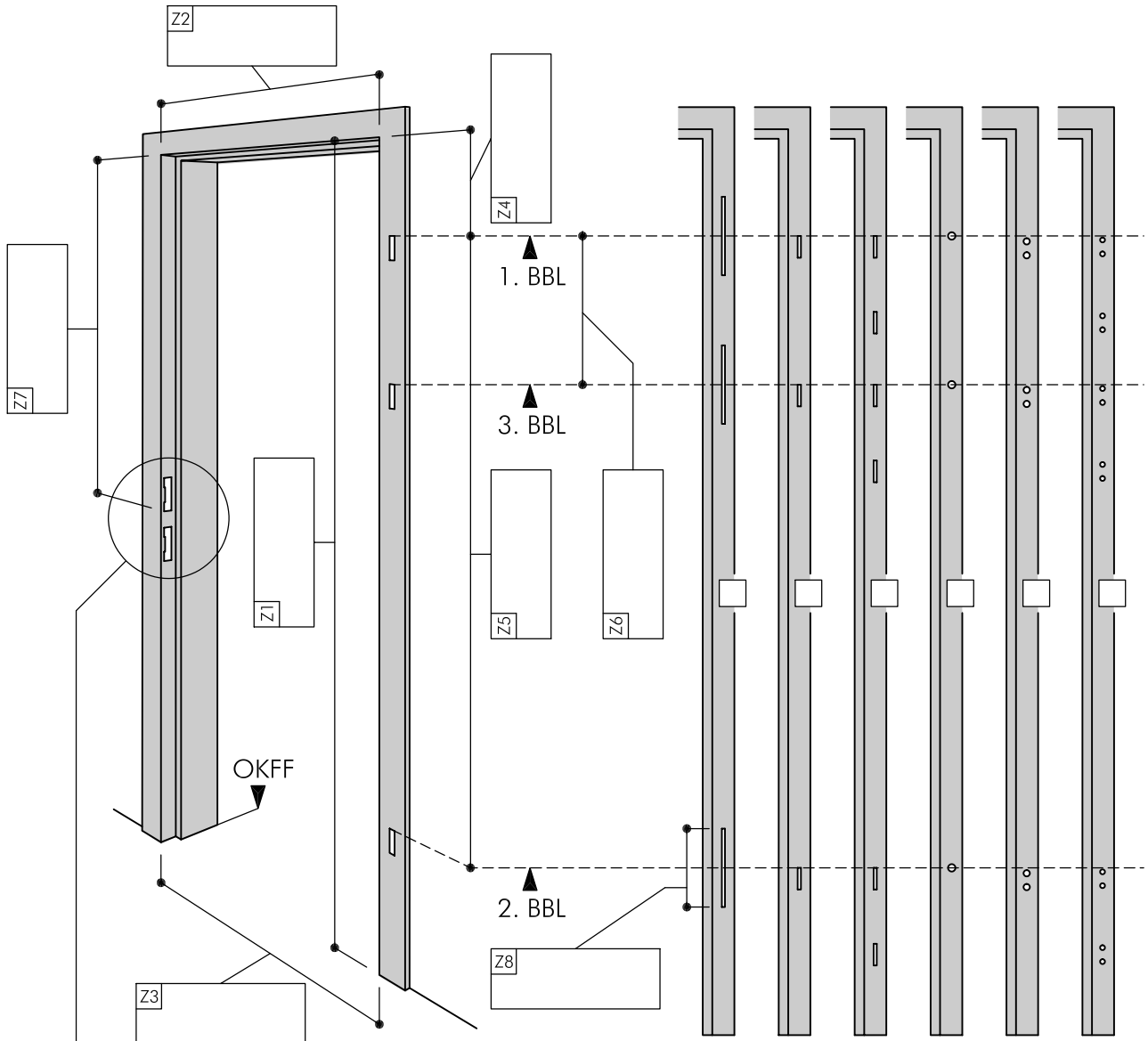
Firma:

Name:

Datum:

Kom.:

Bez.:



<input type="checkbox"/> Einfachfalz	<input type="checkbox"/> Doppelfalz	<input type="checkbox"/> Einfachfalz	<input type="checkbox"/> Doppelfalz
A =	C =		
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