

ANFRAGE FÜR DUSCHVORHANGSTANGEN

Firma _____

Straße _____

Name / Ansprechpartner _____

Postleitzahl, Ort _____

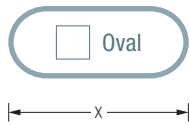
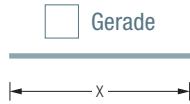
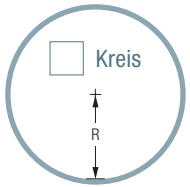
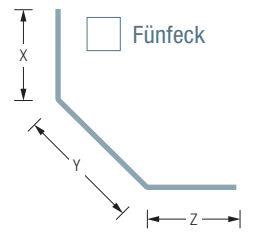
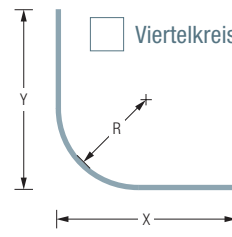
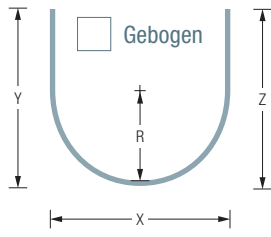
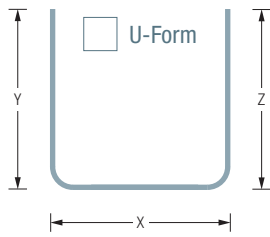
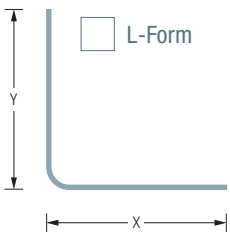
E-Mail _____

Telefon _____

Montage: verschraubt verklebt Decke Dachschräge Nische

Bestellung Angebot

Stangenform:



Maßangaben:

X = _____ cm Z = _____ cm

Y = _____ cm R = _____ cm

Ihre Skizzen und Anmerkungen – bitte per Scan/Foto an phos@phos.de oder per Fax an + 49 721 530772-22.

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