



EFFEZETA
S Y S T E M

ORDER FORM

DATE _____

CUSTOMER _____ ADDRESS _____

LOCATIONS _____ ZIP CODE _____ TEL _____ FAX _____

P.IVA | | | | | | | | | | PURCHASING MANAGER _____

SUPPORT BANK _____ IBAN _____

N° PIECES	W	H	COLOUR	MODEL	REFERENCES	MEASURES
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DELIVERY	PAYMENT	SIGNATURE FOR ACCEPTANCE
THE CLIENT	EXCEPT APPROVAL EFFEZETA SYSTEM	

NOTE _____