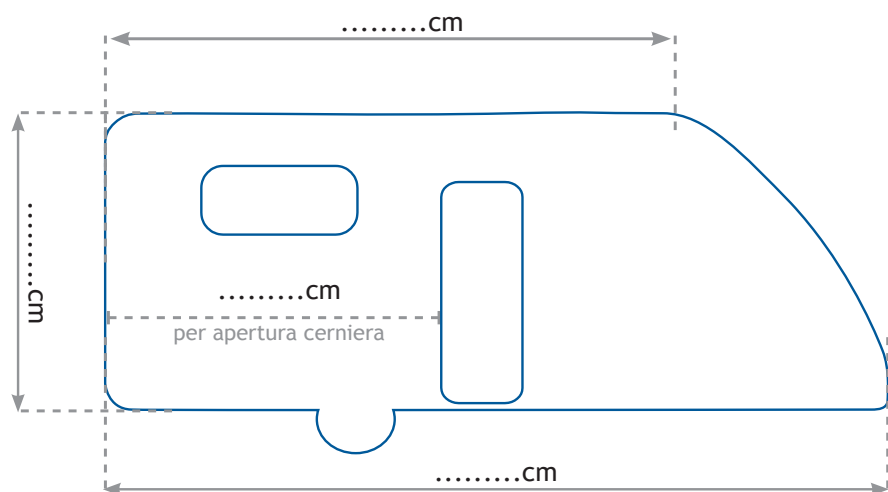
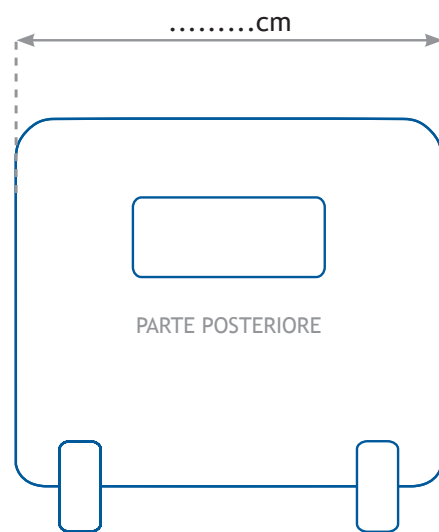
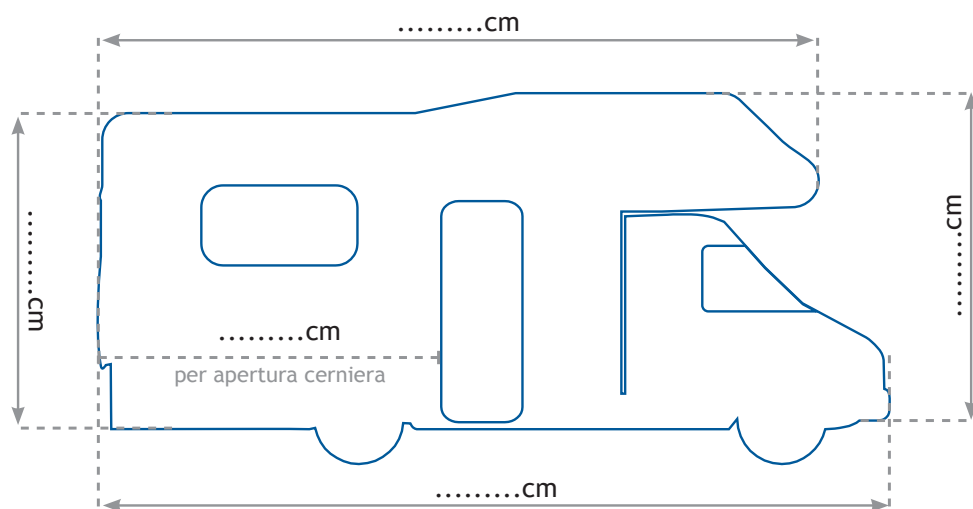


<input type="checkbox"/> PREVENTIVO <input type="checkbox"/> ORDINE	Data	Intestazione	
Modello Camper/Caravan		Via	n°
Anno di costruzione	C.a.p.	Città	Prov.
Vs. Rif.	Tel.		Fax
e-mail	P.I.	C.F.	



Modello Camper/Caravan	Anno	q.tà
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Modello Camper/Caravan	Anno	q.tà
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Firma: \_\_\_\_\_