

## Formular Kantung Mauerabdeckung

Anfrage

Bestellung

Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Straße / Nr.: \_\_\_\_\_ Fax: \_\_\_\_\_

PLZ / Ort \_\_\_\_\_ E-Mail: \_\_\_\_\_

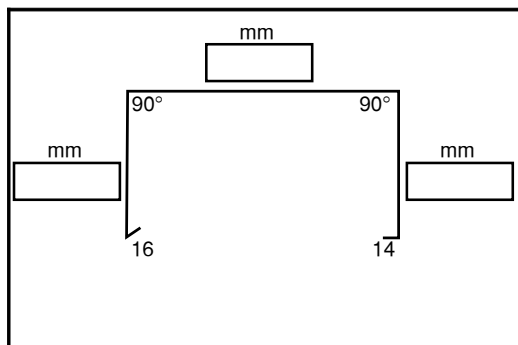
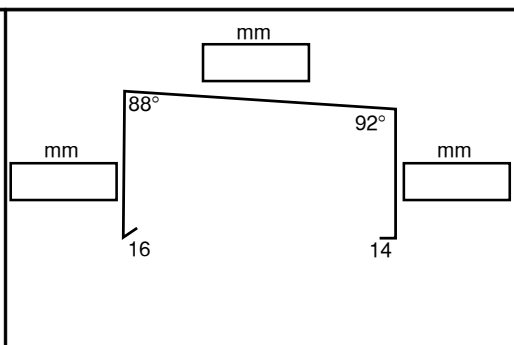
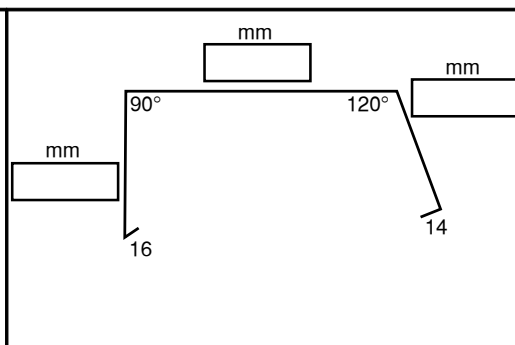
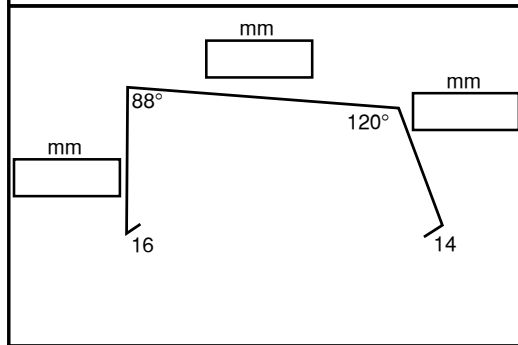
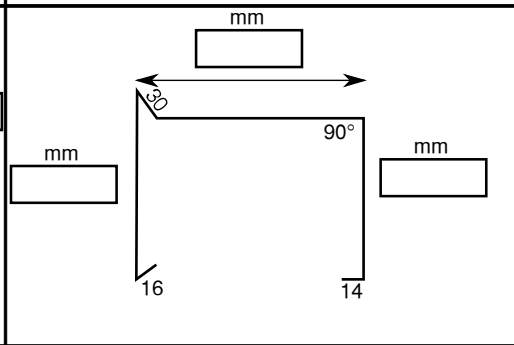
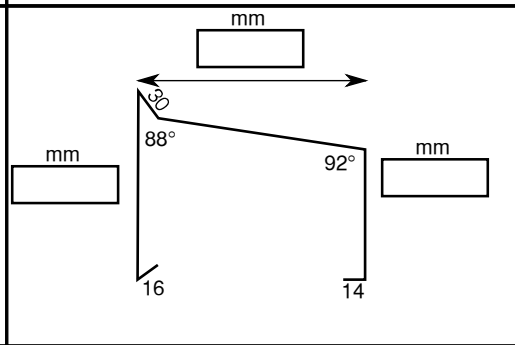
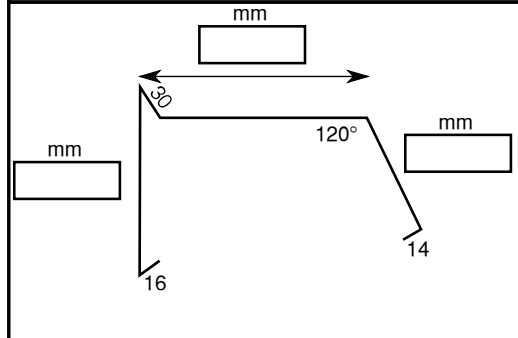
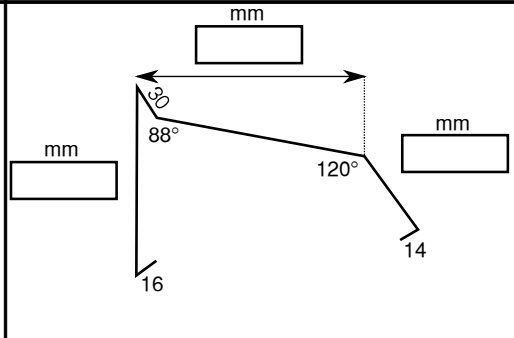
Gesamtmeter: \_\_\_\_\_ m

Material: \_\_\_\_\_ Farbe nach RAL (nur bei Aluminium): \_\_\_\_\_

Blechstärke: \_\_\_\_\_ mm

Anzahl Ecken: Innen: \_\_\_\_\_ Außen: \_\_\_\_\_ Sonder (z.B. 45°): \_\_\_\_\_

MAG-Halter: \_\_\_\_\_ Verbinder: \_\_\_\_\_

		
		
		<p>Skizze/Sonderkantung</p>