

Ditta

Ordinazione

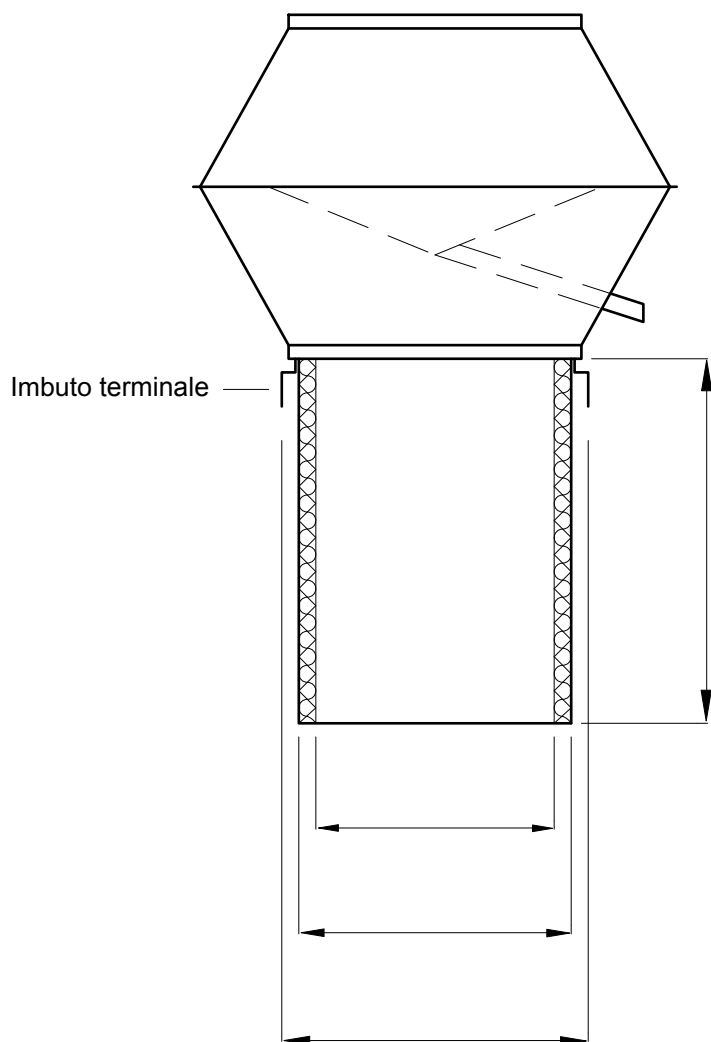
Richiesta

Comm.

Pos.

Tel / fax

Termine



Doppia parete

Telaio MM

Materiale

P. Z.

Nota

