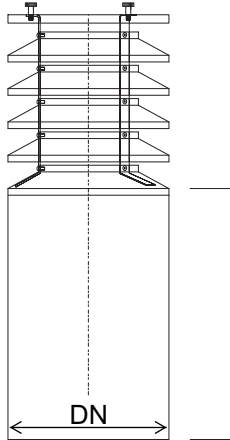


Ditta _____ Ordinazione _____ Richiesta _____

Comm. _____

Tel / Fax _____ Termine _____

Tipo CRL-SH

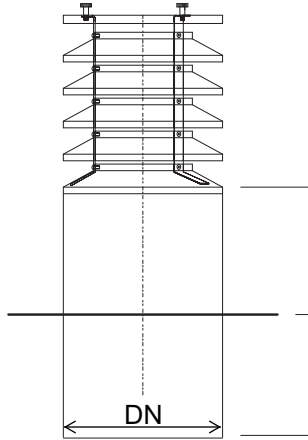


DN
(200mm - 1100mm)

Materiale _____

P.Z. _____

Tipo CRL-SH-F

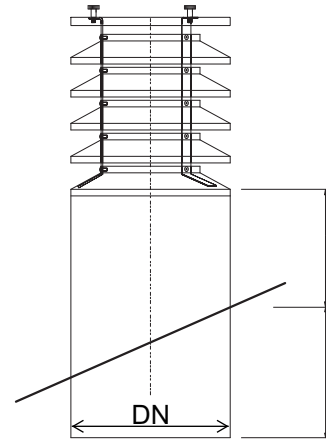


DN
(200mm - 1100mm)

Materiale _____

P.Z. _____

Tipo CRL-SH-S



DN
(200mm - 1100mm)

Materiale _____

P.Z. _____

Tipo di tegola _____

Pendenza _____

Nota _____

