

Formular Kantung Mauerabdeckung

Anfrage

Bestellung

Name: _____

Tel.: _____

Straße / Nr.: _____

Fax: _____

PLZ / Ort: _____

E-Mail: _____

Material: _____

Farbe nach RAL (nur bei Aluminium): _____

Blechstärke: _____ mm

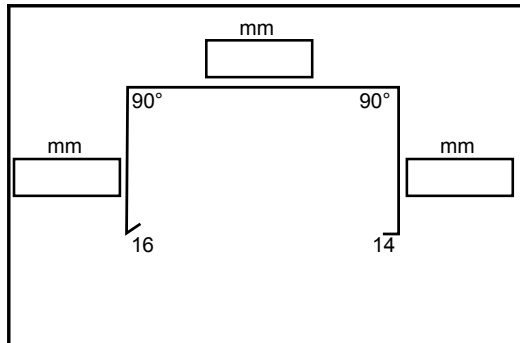
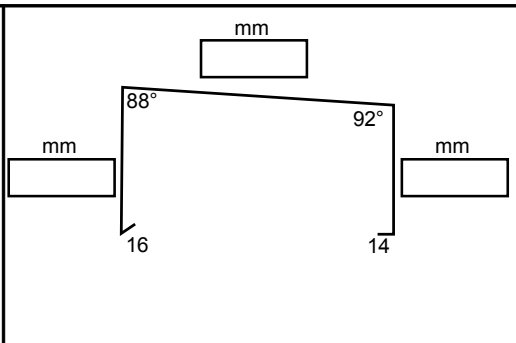
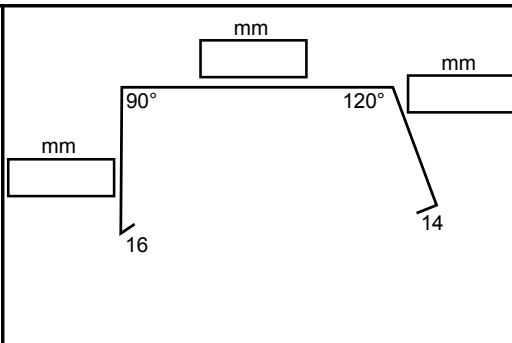
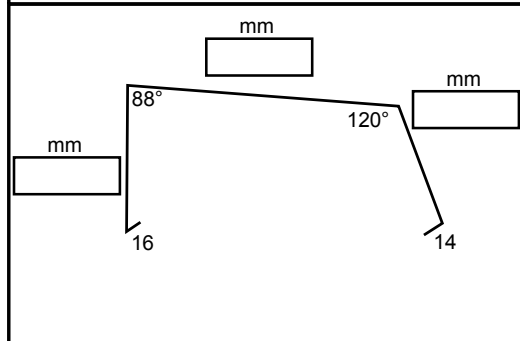
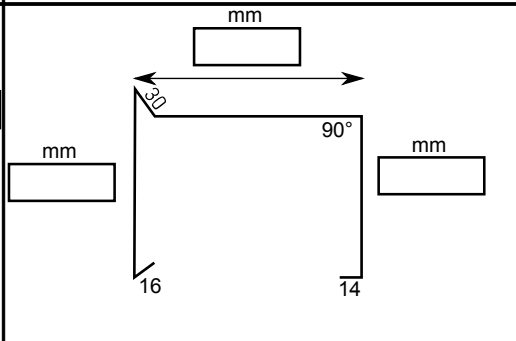
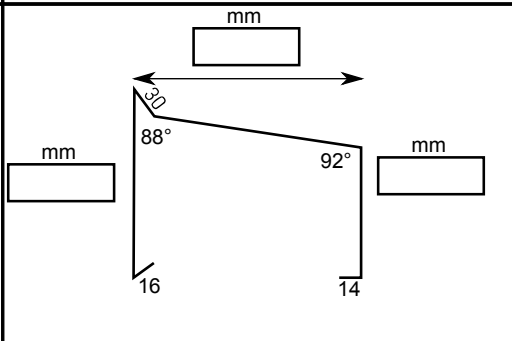
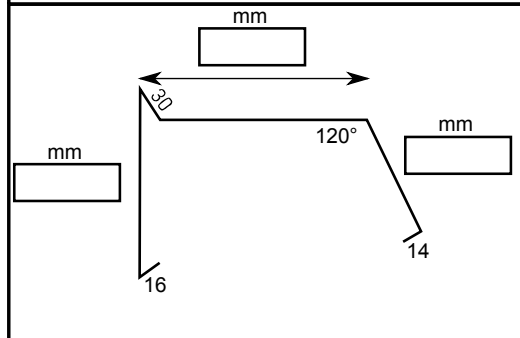
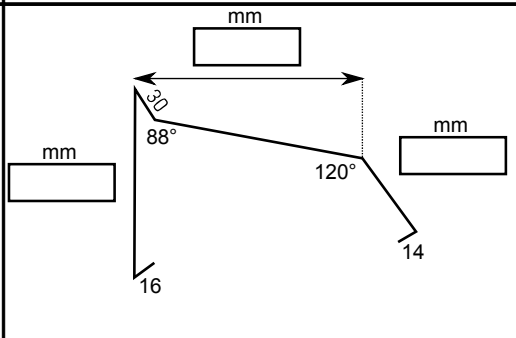
Anzahl Ecken: Innen: _____

Außen: _____

Sonder (z.B. 45°): _____

MAG-Halter: _____

Verbinder: _____

		
		
		<p>Skizze/Sonderkantung</p>

Draufsicht