

Abgabeliste

Anbiaternummer:



Name: _____

Adresse: _____

E-Mail: _____

Telefon: _____

| Nummer | Artikelbezeichnung | Farbe | Marke | Größe | Preis (Wunsch) | nicht ausfüllen! | | |
|--------|--------------------|-------|-------|-------|----------------|------------------------|-----------------------|--|
| | | | | | | Abgabe- gebühr 10 % | Angenommen Ja nein | |
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Summe:

Abgabegebühr erhalten am: _____

Abgabeliste

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|--------|--------------------|-------|-------|-------|----------------|------------------------|-----------------------|
| | | | | | | Abgabe- gebühr 10 % | Angenommen Ja nein |
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Summe:

Abgabegebühr erhalten am: _____