**DATA ZAMÓWIENIA / NUMER ZAMÓWIENIA**

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**KLIENT/ NAZWA FIRMY**

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***ZAMÓWIENIA NA DRZWI* *WEWNĘTRZNE***

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| L.p. | Model | Typ | | Szer. | Strona  prawe/lewe | Kolor | Typ zamka | Szyba | Tuleje/kratka/  podcięcie | Ościeżnica  (zakres) | Ilość | Dodatki | Uwagi |
| 1 |  |  | |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  | |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  | |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  | |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  | |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  | |  |  |  |  |  |  |  |  |  |  |
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| 8 |  |  | |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  | |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  | |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  | |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | **ZAMÓWIENIA PROSIMY WYSYŁAĆ NA MAILA:** [drzwi@plafon.com.pl](mailto:drzwi@plafon.com.pl) **lub faksem pod nr 52 36 29 384** | | | | | | | | | | |