



Cliente

Data

____/____/____

Kit

- ☐ BC
☐ PT
☐ BZ
☐ NF

Prazo Min : ____/____

Prazo Max: ____/____

Tipo de Vidro

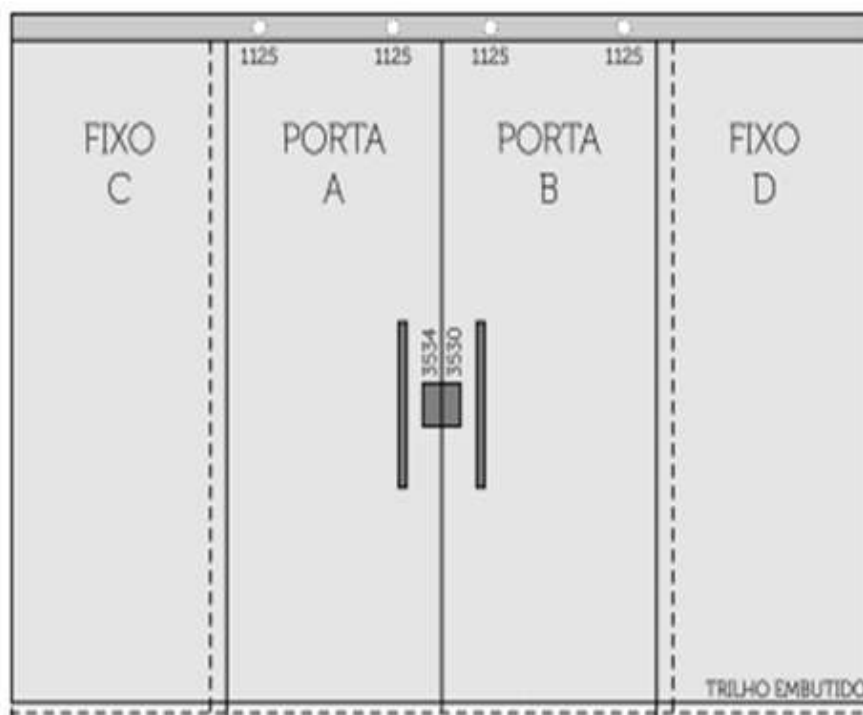
- ☐ INCOLOR ☐ FUMÊ ☐ VERDE ☐ PONTILHADO ☐ BRONZE

Espessura

- ☐ 06mm ☐ 08mm ☐ 10mm

PORTA DE CORRER 4 FLS

23



MED VÃO

MED FINAL

ALT

LARG