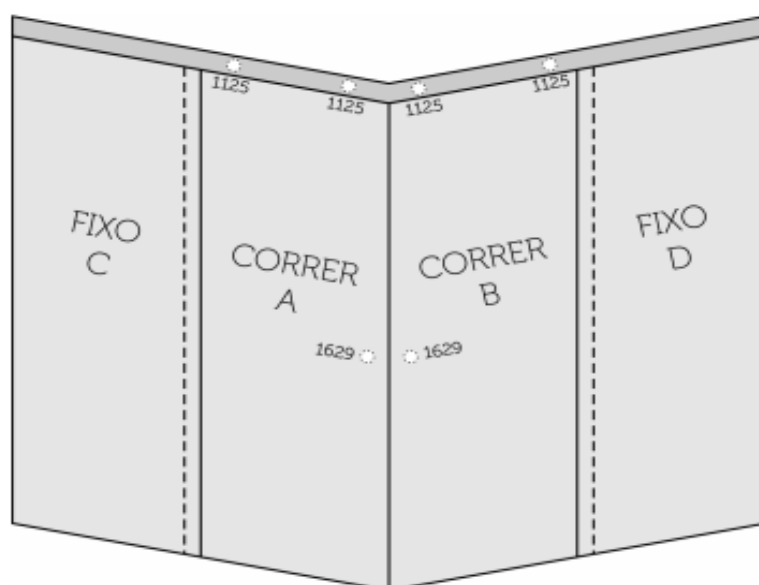




Cliente 	Data ____/____/____	Kit <input type="checkbox"/> BC <input type="checkbox"/> PT <input type="checkbox"/> BZ <input type="checkbox"/> NF	Prazo Min : ____/____ Prazo Max: ____/____
Tipo de Vidro <input type="checkbox"/> INCOLOR <input type="checkbox"/> FUMÊ <input type="checkbox"/> VERDE <input type="checkbox"/> PONTILHADO <input type="checkbox"/> BRONZE		Espessura <input type="checkbox"/> 06mm <input type="checkbox"/> 08mm <input type="checkbox"/> 10mm	

BOX DE CANTO 4 FLS

6



MED VÃO	MED FINAL	ALT	LARG