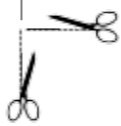
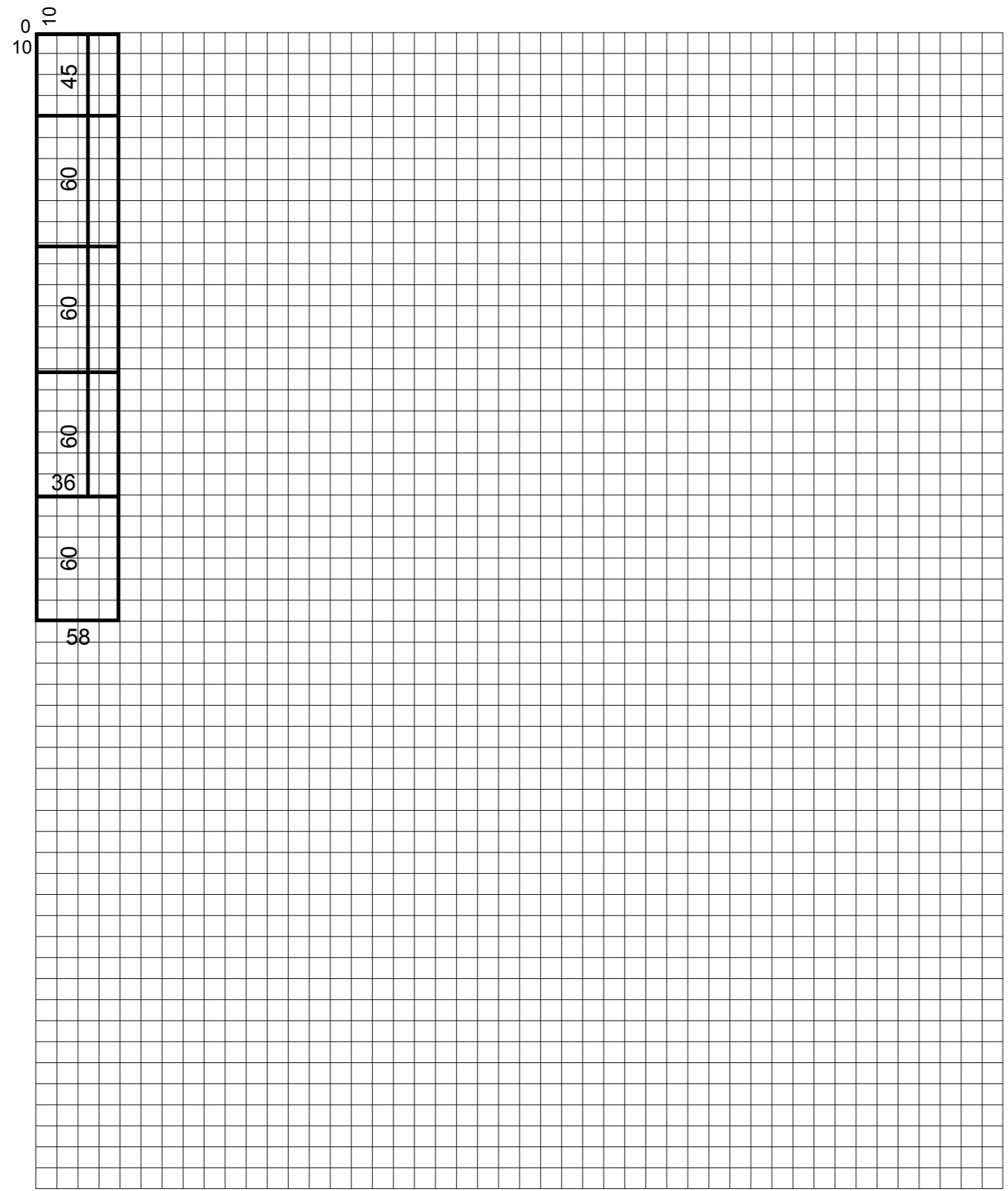




Cliente/Cient: \_\_\_\_\_ Codice/code \_\_\_\_\_

Punto vendita/Shop name: \_\_\_\_\_ Tel./Ph. \_\_\_\_\_ Data/Date \_\_\_\_\_

Operatore/Operator: \_\_\_\_\_ Riferimento/Ref. \_\_\_\_\_



Cliente/Cient: \_\_\_\_\_ Codice/code \_\_\_\_\_

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