

CLIENT _____
NOM/ # JOB _____
TÉLÉPHONE _____
DATE _____

SOUSSION PORTES D'ARMOIRES

| POLYESTER | | THERMO | | BOIS | |
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| MODÈLE | | MODÈLE | | ESSENCE | |
| COULEUR | | COULEUR | | MODÈLE | |
| FINI | | PROFIL EXT | | PROFIL EXT | |
| CENTRE | | PROFIL INT | | PROFIL INT | |
| GLAZE | | COUL DOS | | CENTRE | |
| LARG BATTANT | | | | | |

PORTE

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VERRIÈRE

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MOULURES OU AUTRE

Le tout est exact.
Signature : _____