

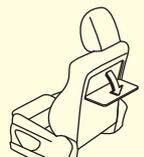
NOME E COGNOME		VIA	N°	CAP	CITTÀ	PROV.
CELLULARE	TELEFONO		EMAIL			

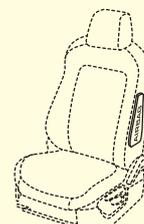
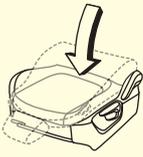
- Si prega di prestare particolare attenzione alla compilazione del presente modulo
- In caso di difficoltà non esitate a contattarci. +39 0858004872 - +39 3475976716
- Compilare il modulo in tutte le sue parti e inviarlo a: [info@casadellamarmitta.com](mailto:info@casadellamarmitta.com)

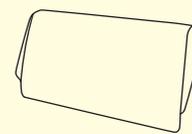
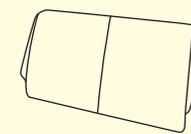
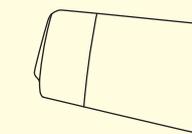
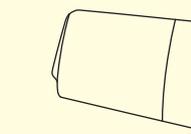
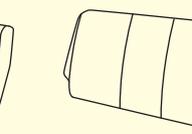
ARTICOLO	QUANTITÀ

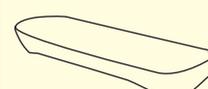
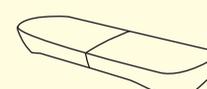
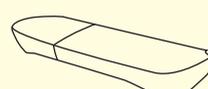
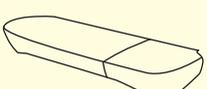
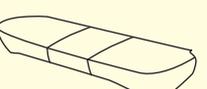
MARCA AUTO	MODELLO	ALLESTIMENTO	N. PORTE	ANNO	IMPORTAZIONE
------------	---------	--------------	----------	------	--------------

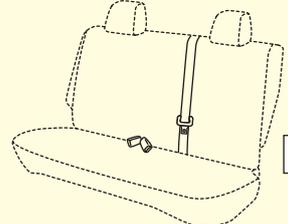
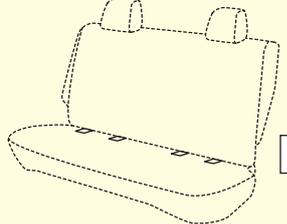
<b>TIPO SEDILE</b>  <input type="checkbox"/> NORMALE  <input type="checkbox"/> SPORTIVO		<b>TIPO POGGIATESTA</b>  <input type="checkbox"/> VUOTO  <input type="checkbox"/> NORMALE  <input type="checkbox"/> A LIBRO  <input type="checkbox"/> INTEGRATO		<b>N. POGGIATESTA TOTALI</b> <input type="text"/>
---	--	---	--	--

<b>BRACCIOLLO ANTERIORE</b>  <input type="checkbox"/> SI <input type="checkbox"/> NO	<b>TAVOLINI RIPIEGABILI</b>  <input type="checkbox"/> SI <input type="checkbox"/> NO	<b>RETRO IN PLASTICA</b>  <input type="checkbox"/> SI <input type="checkbox"/> NO
--	---	--

<b>AIRBAG LATERALE</b>  <input type="checkbox"/> SI <input type="checkbox"/> NO	<b>TASCHE SUL RETRO</b>  <input type="checkbox"/> SI <input type="checkbox"/> NO	<b>SEDILE PASSEGGERO USO TAVOLINO</b>  <input type="checkbox"/> SI <input type="checkbox"/> NO
--	--	--

<b>SCHIENALE</b>  <input type="checkbox"/> INTERO  <input type="checkbox"/> 1/2  <input type="checkbox"/> 1/3 - 2/3  <input type="checkbox"/> 2/3 - 1/3  <input type="checkbox"/> 3/3 <input type="checkbox"/> Altro
--

<b>SEDILE</b>  <input type="checkbox"/> INTERO  <input type="checkbox"/> 1/2  <input type="checkbox"/> 1/3 - 2/3  <input type="checkbox"/> 2/3 - 1/3  <input type="checkbox"/> 3/3 <input type="checkbox"/> Altro
---

<b>BRACCIOLLO POSTERIORE</b>  <input type="checkbox"/> SI <input type="checkbox"/> NO	<b>CINTURA INCORPORATA</b>  <input type="checkbox"/> SI <input type="checkbox"/> NO	<b>ISOFIX</b>  <input type="checkbox"/> SI <input type="checkbox"/> NO
--	---	--

FIRMA PER ACCETTAZIONE