

METODO DI PAGAMENTO

Bonifico Bancario

Contrassegno

SEZIONE CLIENTE

COD. FISCALE – P. IVA

AZIENDA

NOME E COGNOME

INDIRIZZO, VIA, N°

CAP/CITTÀ

EMAIL

TELEFONO

DESTINAZIONE

<p>NOME</p> <hr/>	<p>MODELLO SCARPA</p> <hr/>	<p><input type="checkbox"/> XS-GRIP 2 <input type="checkbox"/> XS-EDGE <input type="checkbox"/> FIVE TEN</p>	<p>NOTE</p> <div style="border: 1px solid black; height: 30px;"></div>
<p>NOME</p> <hr/>	<p>MODELLO SCARPA</p> <hr/>	<p><input type="checkbox"/> XS-GRIP 2 <input type="checkbox"/> XS-EDGE <input type="checkbox"/> FIVE TEN</p>	<p>NOTE</p> <div style="border: 1px solid black; height: 30px;"></div>
<p>NOME</p> <hr/>	<p>MODELLO SCARPA</p> <hr/>	<p><input type="checkbox"/> XS-GRIP 2 <input type="checkbox"/> XS-EDGE <input type="checkbox"/> FIVE TEN</p>	<p>NOTE</p> <div style="border: 1px solid black; height: 30px;"></div>
<p>NOME</p> <hr/>	<p>MODELLO SCARPA</p> <hr/>	<p><input type="checkbox"/> XS-GRIP 2 <input type="checkbox"/> XS-EDGE <input type="checkbox"/> FIVE TEN</p>	<p>NOTE</p> <div style="border: 1px solid black; height: 30px;"></div>
<p>NOME</p> <hr/>	<p>MODELLO SCARPA</p> <hr/>	<p><input type="checkbox"/> XS-GRIP 2 <input type="checkbox"/> XS-EDGE <input type="checkbox"/> FIVE TEN</p>	<p>NOTE</p> <div style="border: 1px solid black; height: 30px;"></div>
<p>NOME</p> <hr/>	<p>MODELLO SCARPA</p> <hr/>	<p><input type="checkbox"/> XS-GRIP 2 <input type="checkbox"/> XS-EDGE <input type="checkbox"/> FIVE TEN</p>	<p>NOTE</p> <div style="border: 1px solid black; height: 30px;"></div>
<p>NOME</p> <hr/>	<p>MODELLO SCARPA</p> <hr/>	<p><input type="checkbox"/> XS-GRIP 2 <input type="checkbox"/> XS-EDGE <input type="checkbox"/> FIVE TEN</p>	<p>NOTE</p> <div style="border: 1px solid black; height: 30px;"></div>