

# ORDER FORM

Laboratory

Dellaò S.r.l.  
Via Labus Giovanni, 17  
20147 Milano  
P.iva 04712560285

ORDER	Example	01	02	03
CUSTOMER	<i>Lorella</i>			
SIZE	<i>S</i>			
MODEL	<i>Diana</i>			
SLEEVES	<i>M02</i>			
LEGS	<i>G03</i>			
TRIMM	<i>BM02</i>			
CUTS	<i>T03</i>			
OVERLAP	<i>Yes/no</i>			
INSERTS	<i>I03</i>			
DETAILS	<i>P02-P05</i>			
FABRIC BOTTOM	<i>L16</i>			
FABRIC TOP	<i>TP03</i>			

NOTE

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## CUSTOMER INFO

NAME SURNAME/ COMPANY NAME:

VAT NUMBER:

FISCAL CODE:

BILL TO THIS ADDRESS:

DISPATCH TO THIS ADDRESS:

MOBILE PHONE NUMBER:

E-MAIL: