

SCHEDA CAPI SU MISURA

METODO N.	COD.CL.	STAGIONE	ETICHETTA
		DATA	

AZIENDA


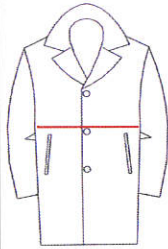
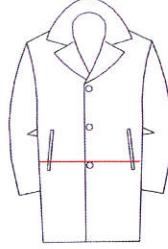
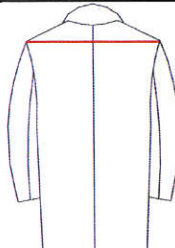
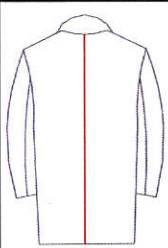
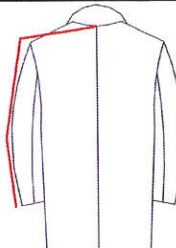
NOME CLIENTE

SINCLAIR SRL C.so della Ceramica, 16 - 36063 MAROSTICA (VI) ITALIA
 tel +39 0424 75078 fax +39 0424 781187 - sinclair@sinclair.it



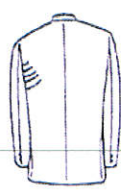
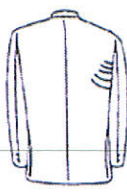
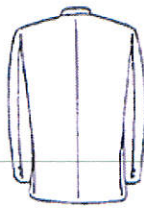
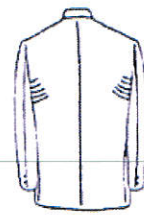
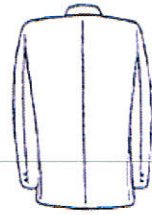
AGENTE	CONDIZIONI PAGAMENTO
BANCA	CONDIZIONI SPEDIZIONE

MODELLO	ARTICOLO/COLORE	TAGLIA	PREZZO	NOTE

MODIFICHE (misure nette, vestibilità non inclusa)

TORACE/PETTO n.1 + cm. - cm.	TORACE/PETTO n.1	VITA n.2	FIANCHI n. 3
VITA n.2 + cm. - cm.			
FIANCHI n.3 + cm. - cm.	LARGHEZZA SPALLE DIETRO n. 4	LUNGH.TOTALE n.5	LUNGH.MAN DA CENT COLLO DIETRO n. 6
LARGHEZZA SPALLE DIETRO n. 4 + cm. - cm.			
LUNGHEZZA TOTALE n.5 + cm. - cm.			
LUNGH.MANICA DA CENTRO COLLO DIETRO n. 6 + cm. - cm.			

FORMA - per favore indicare la forma che meglio si adatta al vostro cliente

POSTURA			DISCREPANZA SPALLE			FORMA DELLE SPALLE	
NORMAL							
NORMALE	ROVESCIAIA DIETRO	INGOBBITA	SINISTRA	DESTRA	NORMALE	BASSE	ALTE