

BV:

Name:

Ort:

Straße:

Telefon:

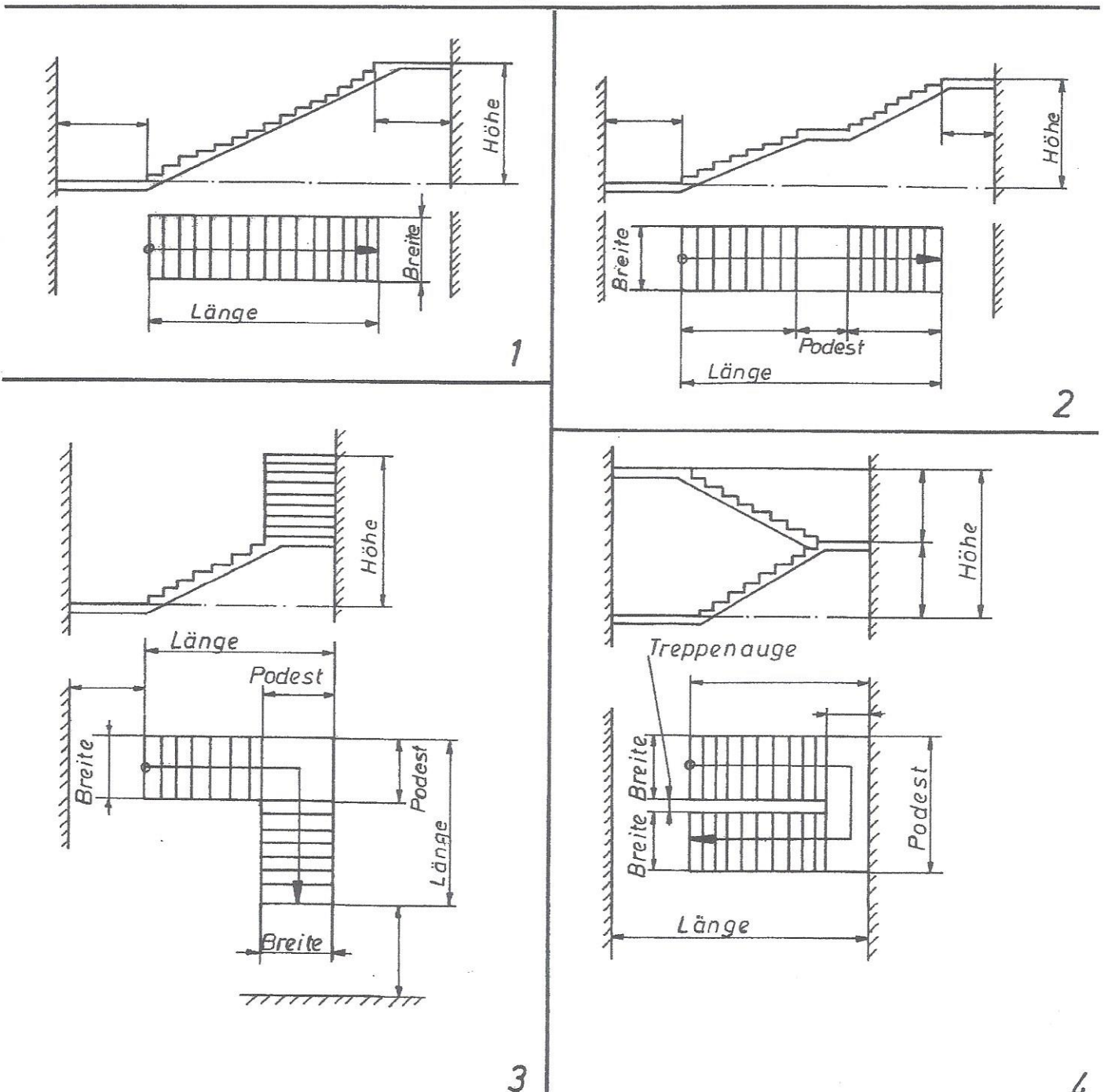
Fax:

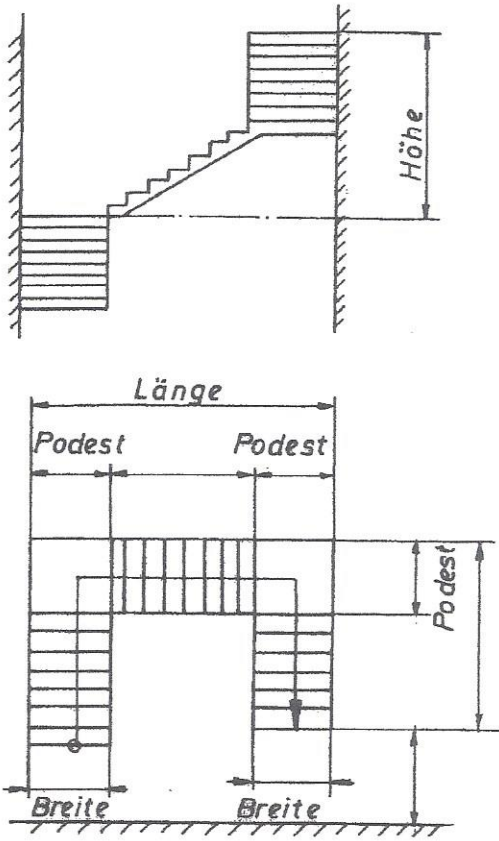
Gewünschter Lift

Rollstuhlplattformlift:

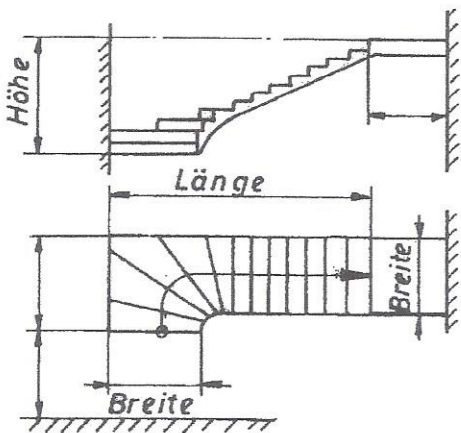
Sitzlift:

bitte ankreuzen:

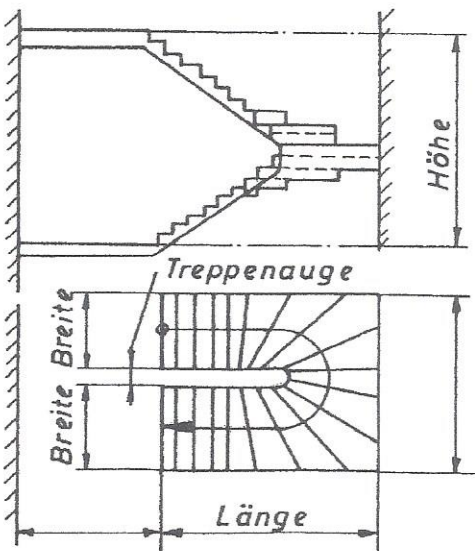




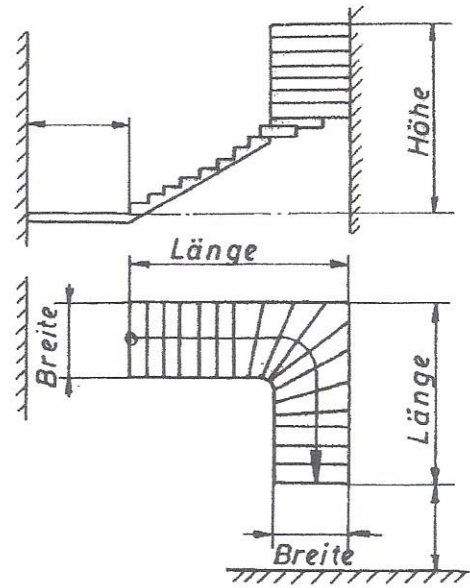
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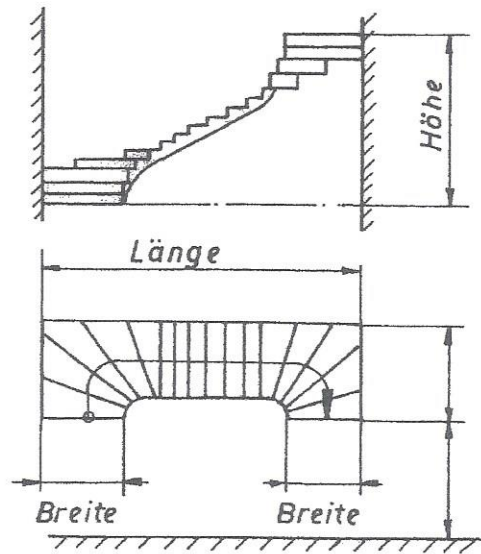
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