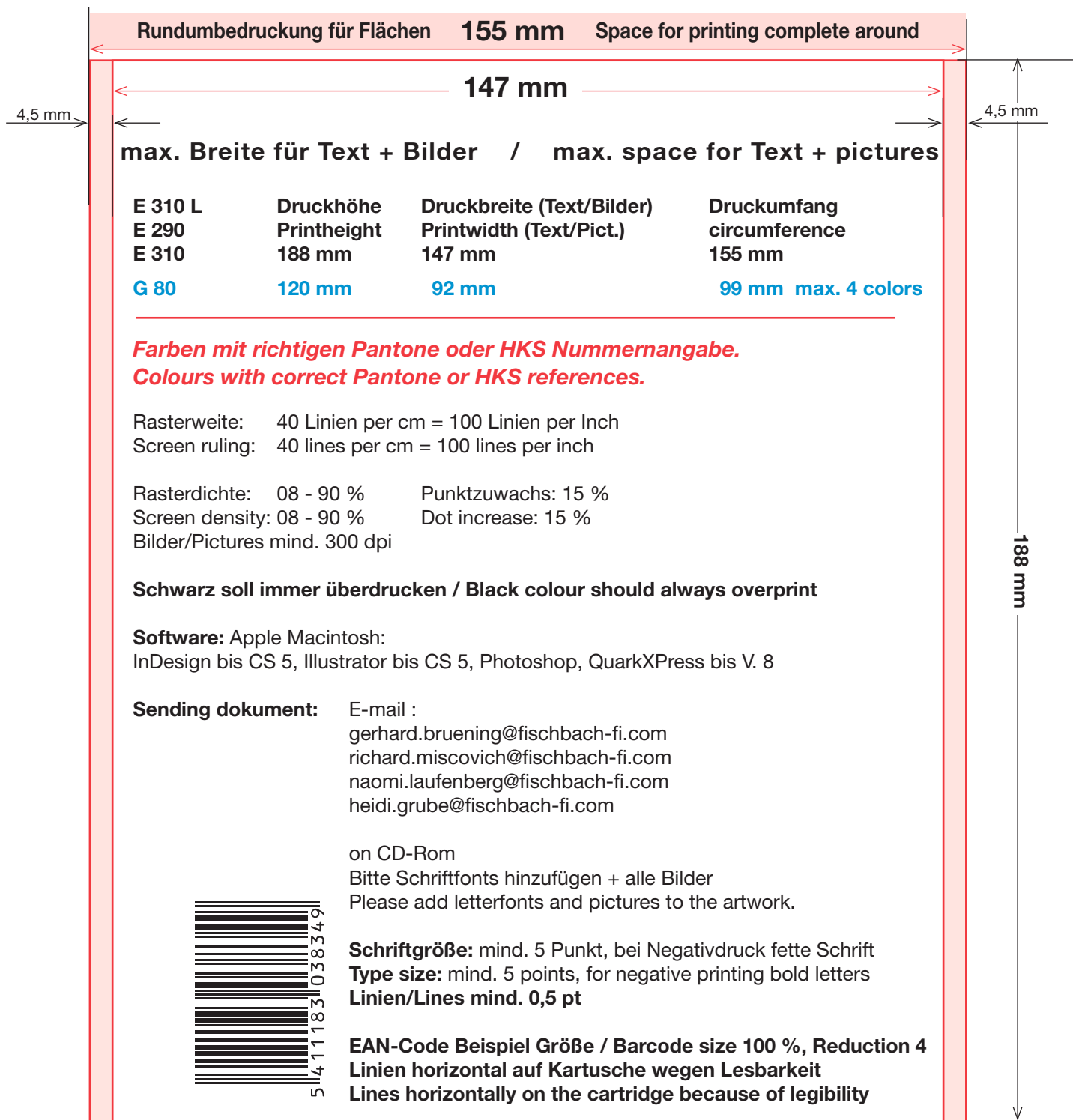


Kartuschenart/Cartridge: Kartuschenfarbe / Cartridgecolor:

Neuanlage: New cartridge:	<input type="checkbox"/>	E 310	<input type="checkbox"/>	weiss/white	<input type="checkbox"/>	Artikelnummer / Art.-No / Koke-Nr. _____
Raster: Quadri:	<input type="checkbox"/>	E 310 L	<input type="checkbox"/>	transparent	<input type="checkbox"/>	
Blindenzeichen: Blindtriangle:	<input type="checkbox"/>	E 290	<input type="checkbox"/>	sonstige/other	<input type="checkbox"/>	_____
		E 310 PA	<input type="checkbox"/>			
		G 80	<input type="checkbox"/>			



- | | |
|------------------------|------------------------|
| 1. Farbe/colour: _____ | 4. Farbe/colour: _____ |
| 2. Farbe/colour: _____ | 5. Farbe/colour: _____ |
| 3. Farbe/colour: _____ | 6. Farbe/colour: _____ |