

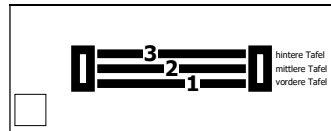
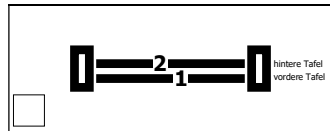
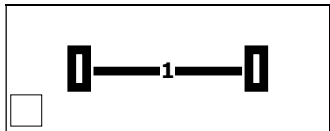
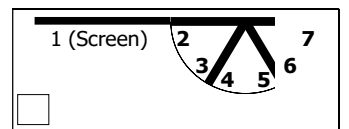
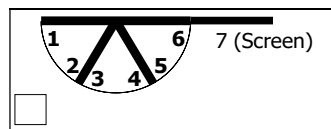
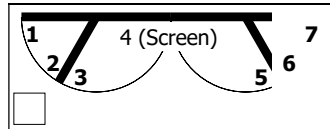
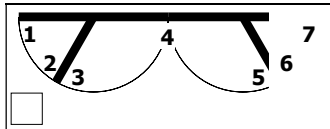
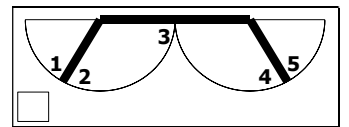
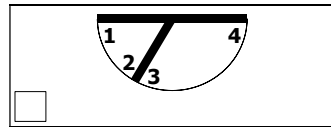
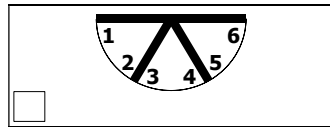
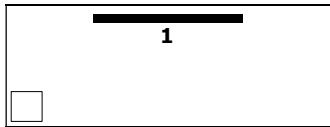
Bestellschein Lineaturen HANDLINEATUR

Objekt: _____ Kom. Nr. _____

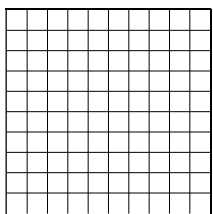
Zimmer-Nr. / Lehrer/in: _____

Anzahl Tafeln: _____ Grösse (B x H): _____

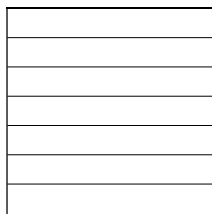
Wandtafeltyp (zutreffender bitte ankreuzen):



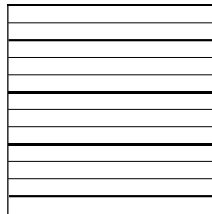
Lineaturen



Nr. 1 / kariert ___ cm



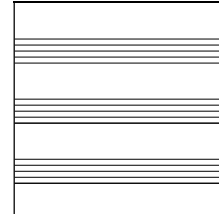
Nr. 2 / einf. liniert ___ cm



Nr. 3 / Schreiblinien,
jede 3. Linie stärker,
5 cm, **nur stark**



Nr. 4 / Basislineatur,
jede 4. Linie stärker
5 cm, **nur stark**



Nr. 7 / Notenlineatur 2.5 cm,
H 1000 = 4 Notensysteme
H 1200 = 5 Notensysteme



Nr. 6 / Sonderlineatur
nach Wunsch (Mehrpreis)

Gewünschte Lineatur pro Fläche (bitte ausfüllen):

- | | | | | |
|-----------------|---------------------|-----------------------------|-------------------------------|---|
| Fläche 1 | Lineatur Nr.: _____ | <input type="radio"/> stark | <input type="radio"/> schwach | <input type="checkbox"/> leer (ohne Lineatur) |
| Fläche 2 | Lineatur Nr.: _____ | <input type="radio"/> stark | <input type="radio"/> schwach | <input type="checkbox"/> leer (ohne Lineatur) |
| Fläche 3 | Lineatur Nr.: _____ | <input type="radio"/> stark | <input type="radio"/> schwach | <input type="checkbox"/> leer (ohne Lineatur) |
| Fläche 4 | Lineatur Nr.: _____ | <input type="radio"/> stark | <input type="radio"/> schwach | <input type="checkbox"/> leer (ohne Lineatur) |
| Fläche 5 | Lineatur Nr.: _____ | <input type="radio"/> stark | <input type="radio"/> schwach | <input type="checkbox"/> leer (ohne Lineatur) |
| Fläche 6 | Lineatur Nr.: _____ | <input type="radio"/> stark | <input type="radio"/> schwach | <input type="checkbox"/> leer (ohne Lineatur) |
| Fläche 7 | Lineatur Nr.: _____ | <input type="radio"/> stark | <input type="radio"/> schwach | <input type="checkbox"/> leer (ohne Lineatur) |

Weitere Lineaturen auf Anfrage. Rufen Sie uns an.

Gut zur Ausführung (Name in Blockschrift)

Datum _____ Unterschrift: _____