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KundenNr. Customer No.		Name Name	
Kommission Commission		Datum Date	

MATERIAL Index	<input type="text"/>	<input type="checkbox"/> 1.50	<input type="checkbox"/> 1.60	∅	<input type="text"/>
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BESCHICHTUNG TREATMENT	<input type="text"/>	<input type="checkbox"/> HC	<input type="checkbox"/> HMC	<input type="checkbox"/> Farbe	<input type="text"/>
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