



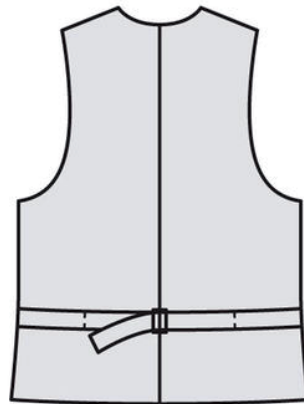
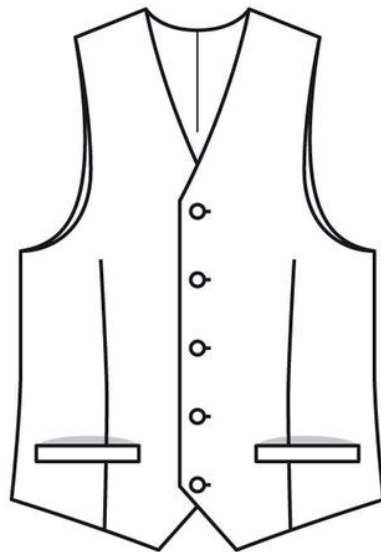
Sig. / Mr. _____

Tel. / Phone _____

Data / Date _____

Articolo / Article _____

TAGLIA / SIZE _____



MISURE DI CONTROLLO / CHECK MEASURES

Sul capo / Garment lunghezza schiena cm / back length cm _____

Sulla persona / Customer torace cm / chest cm _____ vita cm / waist cm _____ bacino cm / seat cm _____

PROVA / FITTING	/	/	CONSEGNA / DELIVERY	/	/
CODICE MODELLO / PATTERN CODE _____			<input type="checkbox"/>	<input type="checkbox"/>	
NASTRO CINTURA / WAIST BEND <input type="checkbox"/> colore / colour _____					
REVERS / LAPELS <input type="checkbox"/>			<input type="checkbox"/> a lancia / bolt	<input type="checkbox"/> a scialle / shawl	<input type="checkbox"/> classico / classic
BOTTONI n. / BUTTON n. _____			cod. / code _____		
TASCHE / POCKETS <input type="checkbox"/> doppio filetto / double welt			<input type="checkbox"/> normale / normal	<input type="checkbox"/> _____	
IMPUNTURE / STITCHING <input type="checkbox"/> a riva / edge stitching			<input type="checkbox"/> a 0,5 / at 0,5	<input type="checkbox"/> a contrasto color / contrast with colour _____	
NOTE / NOTE					