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# Jungpflanzenbestellung Saison 2019

Name: ______________________________

Strasse: ______________________________

PLZ / Ort: ______________________________

Kundennr.: ______________________________

Telefon: ______________________________

Telefax: ______________________________

**Bestellung bitte nach Pflanzterminen sortieren – Danke !**

| Pflanztermin/ Lieferwoche | Artikel | Sorte | Menge | | Pflanztermin/ Lieferwoche | Artikel | Sorte | Menge |
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