

FAX注文書

<div style="border: 2px solid black; padding: 5px; margin-bottom: 10px;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 100px;"></div> </div> <div style="border: 2px solid black; padding: 5px;"> <div style="border: 1px solid black; height: 250px; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: center;"> <div> <div>する</div> <input type="checkbox"/> </div> <div> <div>しない</div> <input type="checkbox"/> </div> </div> </div> <div style="border-bottom: 1px solid black; width: 80%;"></div> </div>	<div style="border: 2px solid black; padding: 5px; margin-bottom: 10px;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 100px;"></div> </div> <div style="border: 2px solid black; padding: 5px;"> <div style="border: 1px solid black; height: 250px; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: center;"> <div> <div>する</div> <input type="checkbox"/> </div> <div> <div>しない</div> <input type="checkbox"/> </div> </div> </div> <div style="border-bottom: 1px solid black; width: 80%;"></div> </div>
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送信先
FAX番号

03-3357-1027

※この注文用紙は版元ドットコムから出力されたものです。