

FAX注文書

<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> <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: 300px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> 搬入日の返信を希望 <input type="checkbox"/> する <input type="checkbox"/> しない </div> <div style="border-bottom: 1px solid black;">返信先FAX番号</div> </div> </div> </div> </div>	<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> <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: 300px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> 搬入日の返信を希望 <input type="checkbox"/> する <input type="checkbox"/> しない </div> <div style="border-bottom: 1px solid black;">返信先FAX番号</div> </div> </div> </div> </div>
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送信先
FAX番号

03-5214-5542

※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。