

KE Protezioni Solari srl

()  
TEL. FAX.



### GENNIUS TECHNICAL OFFER



GENNIUS MODEL: **ISOLA 3 1L**

CUSTOMER: **CP INTERIORS**

DATE: **05/05/2021**





KE Protezioni Solari srl

() TEL. FAX.

ORDER\QUOTE		NUMBER	DATE				
		810/800007324	05/05/2021				
ORDER MANAGER:							
YOUR REFERENCE:							
ORDER HOLDER							
CP INTERIORS							
tel: fax:							
GOODS RECIPIENT		ORDER RECIPIENT					
tel: fax:		tel: fax:					
PAYMENT		BANK					
Rimessa Diretta Ricevimento Fattura,Rimessa Diretta Ricevimento Fattura							
SHIPPING AND RETURNS	GOODS RETURN	PACKAGING TYPES					
ACCOUNT	TAX CODE	VAT	CURRENCY				
KE065_1							
ROW	DESCRIPTION	UNITS	QTY	PRICE	DISCOUNTS %	AMOUNT	DEL.RY DATE
1	ISOLA 3 1 L 5500x2745x7200 STRUCTURE COLOUR=Ral 7030 Warm Grey Matt FABRIC COLOUR=FABRIC PRECONTRAIN 602 50537 BLOCK OUT MAT STRUCTURE INSTALLATION=WALL STRUCTURE INCREASE=5% INCREASE CROSSBAR PROFILES=3%	PZ	1	19.346,04	45	10.640,32	05/05/2021
						532,02	
						319,21	
2	SOMFY IO SUNILUS MOTOR 55 NM	PZ	1	523,00	45	287,65	05/05/2021
3	REMOTE CONTROL SOMFY SITUO 1 PURE II (SINGLE CHANNEL)	PZ	1	70,00	45	38,50	05/05/2021
CLEAN AMOUNT		TRANSPORT COSTS		VAT AMOUNT		BILL AMOUNT	
10.966,47 €		1.096,00 €				12.062,47 €	



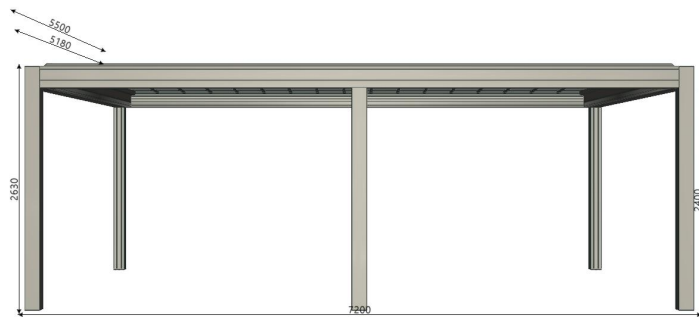
**KE Protezioni Solari srl**  
 ()  
 TEL. FAX.

<b>ORDINE\PREVENTIVO</b>	NUMERO <b>810/800007324</b>	DATA <b>05/05/2021</b>
RESP. ORDINE:		
VOSTRO RIFERIMENTO:		
INTESTATARIO ORDINE		
<b>CP INTERIORS</b>		
tel: fax:		

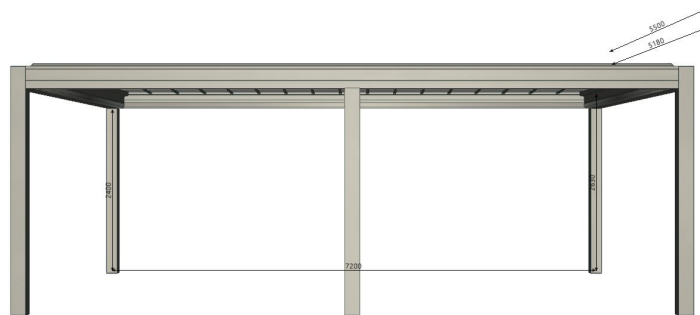
Modello: **ISOLA 3 1L**

CODICE CLIENTE: **KE065\_1**

Profilo destro



Profilo sinistro





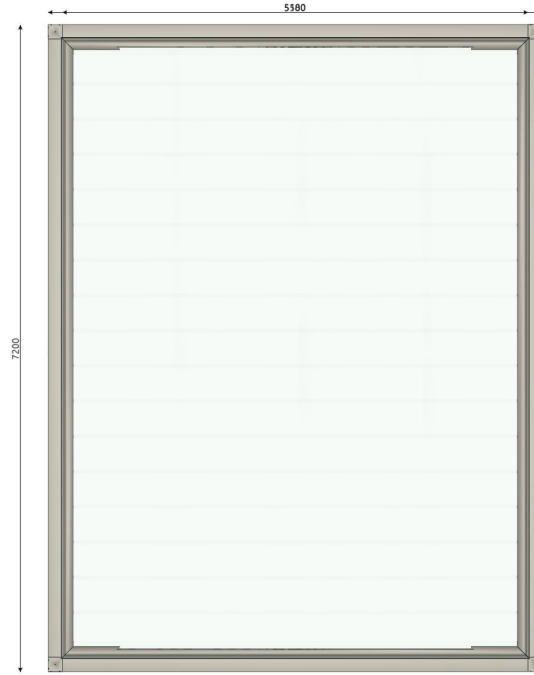
**KE Protezioni Solari srl**  
 ()  
 TEL. FAX.

<b>ORDINE\PREVENTIVO</b>	NUMERO <b>810/800007324</b>	DATA <b>05/05/2021</b>
RESP. ORDINE:		
VOSTRO RIFERIMENTO:		
INTESTATARIO ORDINE <b>CP INTERIORS</b>		
tel: fax:		

Modello: **ISOLA 3 1L**

CODICE CLIENTE: **KE065\_1**

**Pianta**



**Fronte**



**KE Protezioni Solari srl**

<b>ORDINE\PREVENTIVO</b>	NUMERO <b>810/800007324</b>	DATA <b>05/05/2021</b>
--------------------------	--------------------------------	---------------------------



TEL. FAX.

RESP. ORDINE:  
VOSTRO RIFERIMENTO:  
INTESTATARIO ORDINE  
**CP INTERIORS**

tel: fax:

Modello: **ISOLA 3 1L**

CODICE CLIENTE: **KE065\_1**

