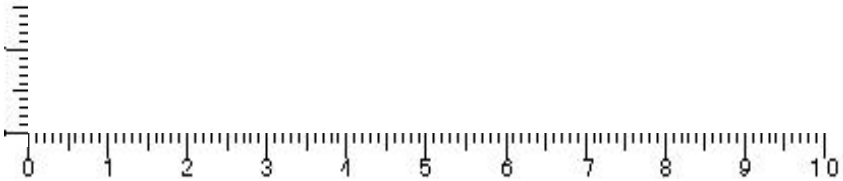
ゴム印等　発注書

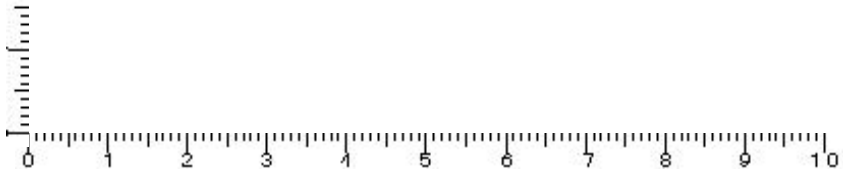
発注日:

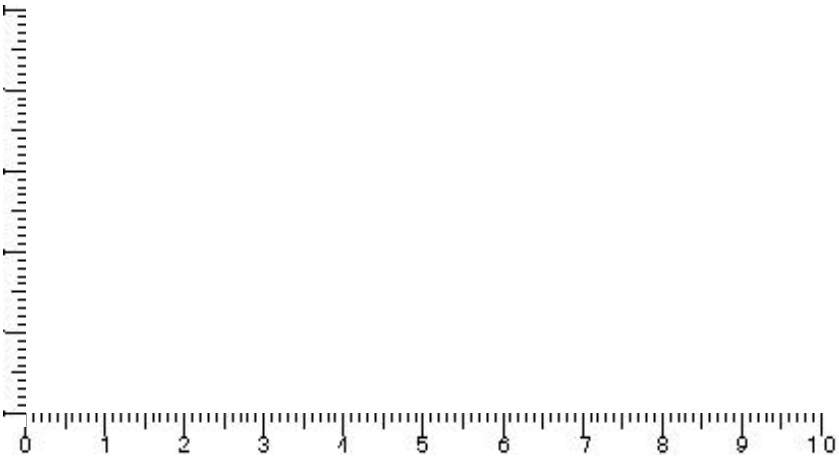
御社名　　様　　御担当者名　　様

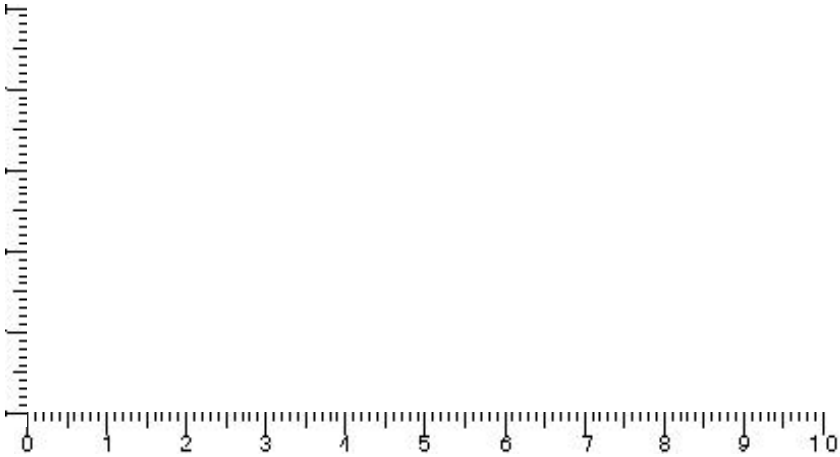
御住所

電話番号　　FAX番号









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