**GARAGE Citroen Nom client 00000**

# Adresse 1

Adresse 2

Code Postal Ville

Tél.: 00 00 00 00 00 / Fax: 00 00 00 00 00



Adresse 1

Code postal Ville

  00 00 00 00

0000 

# Nom client

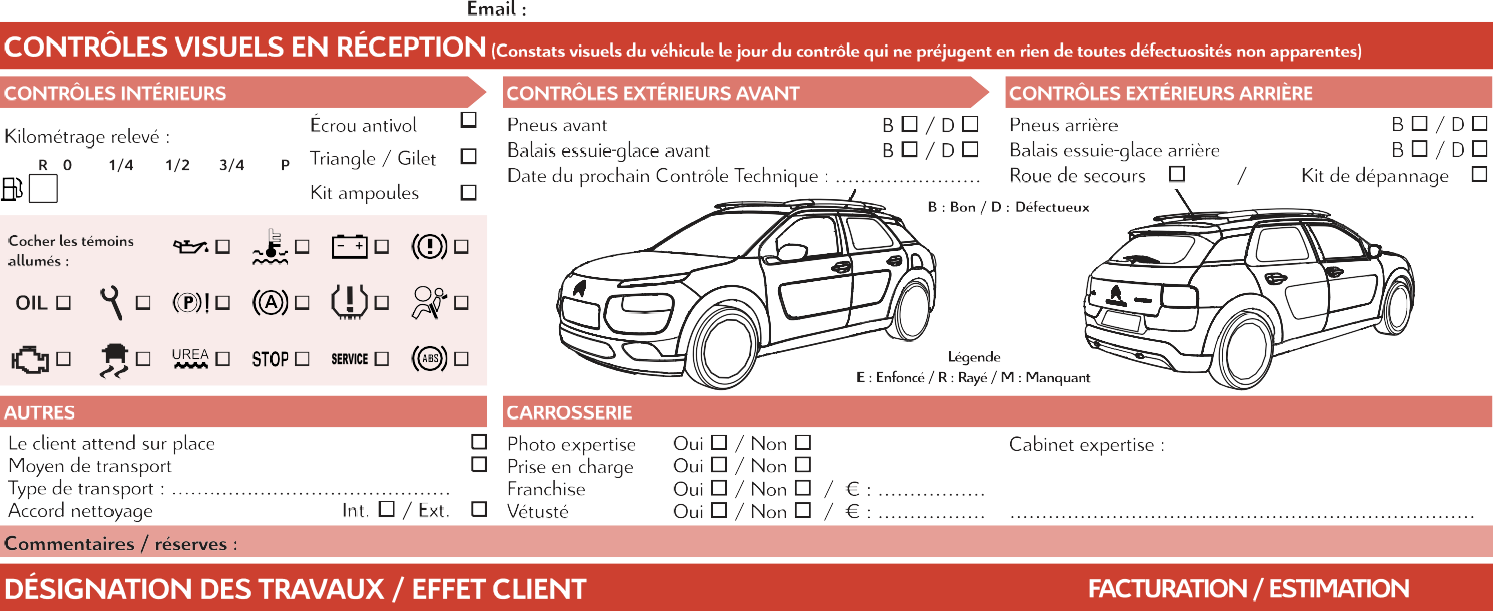
Immat

 01/02/2000

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SIRET: 00000000000000 / APE: 00000 N° TVA intra-com. : FR000000000000

email@email.com



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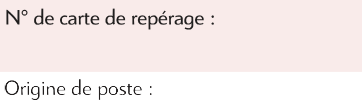
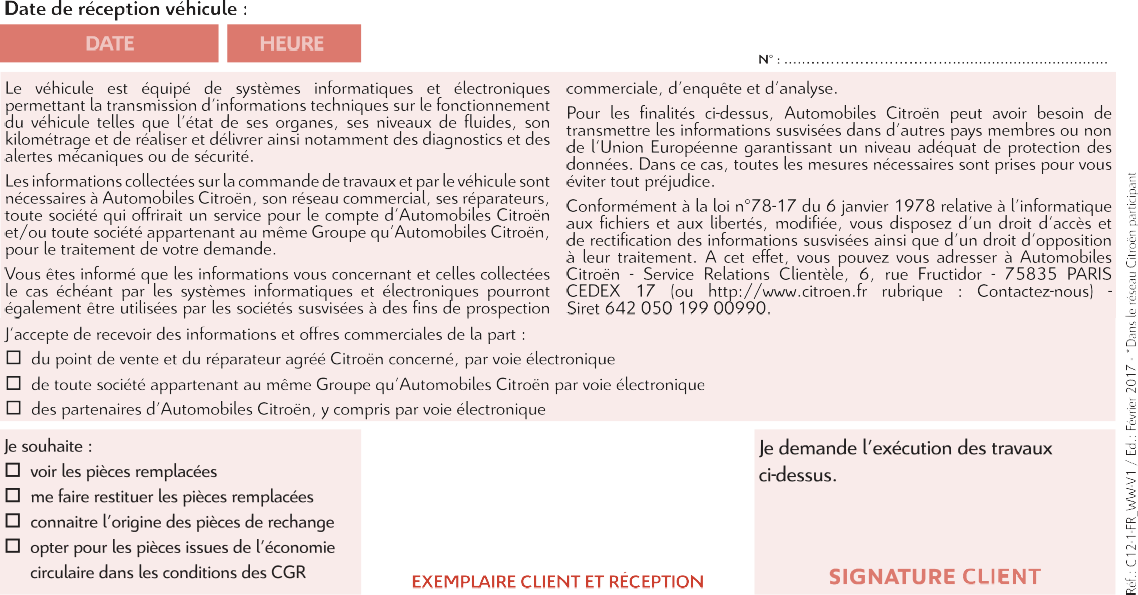
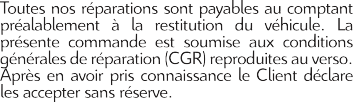
**Fin de garantie :** 00/00/2021



Montant à saisir

Nom du Conseiller



**00/00/2021**

**00:00**

**00/08/2021**

**00:00**

**00/00/2021**

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