

# VenoTrain® Order form

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T +49 (0) 36628 66-16 60  
F +49 (0) 36628 66-16 99

Company (stamp)

Delivery address (if different)

Contact person \_\_\_\_\_

Customer No.:

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Date \_\_\_\_\_

Quality	Design	Top border* <small>e.g. Silicone Dots, Lace...</small>		Ccl			Color	Toe		Foot length**		Circumference		Leg length		Size (Quantity)***						Commission																		
		wide	regular	1	2	3		closed	open	short	long	regular	plus	short	long	XS	S	M	L	XL																				

We refer to our sales and delivery conditions.

**\* Please specify Top Border type necessarily!**

\*\* only for VenoTrain business and VenoTrain cocoon  
\*\*\* Stockings per pair, tights per piece

Your notes \_\_\_\_\_