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| 以下の通りお見積り申し上げます。 | | | | | | |  |  |  | | | 東京都 | | | | | | | | | | | | | |  |
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| 納品期日 | | | 年　月　日 | | | |  |  |  | | | TEL: | | | | | | | | | | | | | |  |
| 納品場所 | | | 正式発注時にご指定ください | | | |  |  |  | | | FAX: | | | | | | | | | | | | | |  |
| お支払方法 | | | 銀行振込にてお流します。 | | | |  |  |  | | | 営業部　営業３課 | | | | | | | | | | | | | |  |
| お支払期日 | | | 納品日の翌月末日 | | | |  |  |  | | | 担当:　伊藤容子 | | | | | | | | | | | | | |  |
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