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|  |  |  |  |  |  |  |  |  | **Platnost objednávky do:** | | | | | | | | **31.12.2024** | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | | | | | | | **23.12.2024** | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Forma úhrady: | | | | | | | **Příkazem** | | | | |  |  |  |
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|  |  |  |  |  | **Vystavil:** xxx Tel.: 221 403 xxx, Fax: E-mail: xxx@knav.cz                                                                       ...................                                                                           Razítko, podpis | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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