

From: Return DI
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 Am Eifeltor 501 .
 50997 köln
 Germany

Kontakt Absender:
 RETURN ONLY, NOT
 FOR SALES Postlink
 Tel.: .

To: Roberto López Piriz
 Roberto López Piriz
 Calle de Fray Luis de León 14 Local A, CLINICA
 Dental ICOA
 28012 Madrid
 Spain

Kontakt Empfänger:
 Roberto López Piriz
 Tel.: 000000000000

Abrechnungsnr.: 63398262125315
 Referenznr.: 309445693171
 Sendungsnr.: CM520808824DE

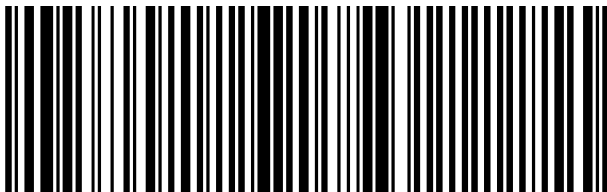
Gewicht:

Anzahl

1.900 kg

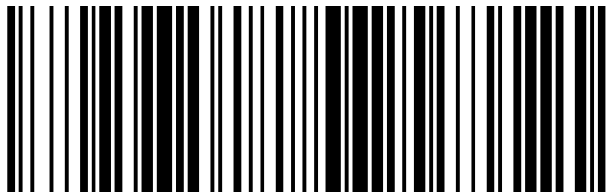
1 / 1

Leitcode/Routingcode



(403)72428012+67000000

Identcode/License Plate



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