

REQUEST FOR SAMPLE OR OFFER

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Company

Street

Postcode | city

Country

Contact Person

Phone

Fax

E-mail

Please send me:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Sample | <input type="checkbox"/> Offer | <input type="checkbox"/> Catalogue |
| <input type="checkbox"/> Ergoline wire | <input type="checkbox"/> Bra wire casing | |
| <input type="checkbox"/> Galbline wire | <input type="checkbox"/> Boning | |
| <input type="checkbox"/> Flat underwire | <input type="checkbox"/> Rings, sliders & hooks | |
| <input type="checkbox"/> Oval underwire | <input type="checkbox"/> Bra fasteners (hook and eye tapes) | |
| <input type="checkbox"/> Separator | <input type="checkbox"/> Bikini fasteners | |