

FAX ORDER SHEET

▼ Customer Information

◆Name		◆Address		Country	Postal/ZIP Code
◆Phone No.		◆FAX No.			
◆E-mail Address	@				

▼ Delivery Address (If delivery address is different from above customer's address.)

◆Name		◆Address		Country	Postal/ZIP Code
◆Phone No.	-		-	◆FAX No.	-

▼ Order

No.	Product Number	Product Description	Quantity	Unit Price	Total Price	Remark(Wrapping, Naming and etc.)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Handling & Shipping Charge						
Total Price						

----- Shredded After Reference -----

▼ Credit Card Information

**Please fill this form fully and write in block form. Please DO NOT forget to fill your expire date.
Your information will be shredded after claim to Credit Card Company.**

◆Card Company	<input type="checkbox"/> JCB <input type="checkbox"/> VISA <input type="checkbox"/> Master <input type="checkbox"/> UFJ <input type="checkbox"/> Nicos <input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/> DC					
◆Card Number	□□□□	□□□□	□□□□	□□□□	◆Expire Date	(month)/ (Year)
◆Card Holder's Name			◆Number of Payment	1time 2times		

※Depending on Card company , if card cannot be used. (In this case, we will contact you) . If there is no designation of number of Payment, We will claim a one time payment.