

# ORDER FORM

FAX 81-575-24-1210

Phone : 81-575-24-1211

Mail to 5-1-11 Sakae-Machi, Seki-City, Gifu-Pref., Japan 501-3253



Date	
Your full name	(AS IT APPEARS ON YOUR CREDIT CARD)
Shipping address	Country : ( )
Postal Code	
E-mail Address	
Phone Number	
Fax Number	

\* We cannot ship items to P.O. Boxes.

Model #	Model Name	Quantity	Price
			US\$
			US\$
			US\$
			US\$
<b>Merchandise Sub-Total</b>			US\$
<b>Regular Shipping Charges</b>			US\$
<b>Additional Shipping Charges</b>			US\$
<b>Grand Total</b>			US\$

Credit Card Company	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Credit Card #	
Exp. Date(month/year)	
Cardholder's Name	
Security Codes (CVC) *	
Signature	

\* ①Master, Visa, Discover / 3 digits in length, on back of card, following the account number in the signature.



②American Express / 4 digits in length, on face of card, above card number.

