

Mail Order
Application Form

Order Date: / /

【1】Customer Information ※Please write down your full name.

Name: _____

Address: _____

Zip Code: _____

E-Mail: _____

Phone #: _____

Fax #: _____

【2】Payment Information : CREDIT ONLY

Card Type: VISA AMEX MASTER Diners JCB

Card #: ()-()-()-()

Expiry Date: / (mm/yy)

Card Holder's Name: _____

Signature: _____

【3】Order Items

Item No.	Item Name	Unit Price	Quantity	Total (¥)
Grand Total				

Please print this form and send it to **FAX #: +81-3-3272-8118**