

FAX ORDER FORM

TEL +81-3-5355-1391

1. SENDER INFORMATION

Name	Mr. / Ms.		
Date of Order	/ / 20 (mm/dd/yyyy)		
E-mail			
Contact Number	Tel:	Fax:	
Address	State: Country:		

2. RECIPIENT INFORMATION

Name	Mr. / Ms.		
Contact Number	Tel: +81-		
Address	City: Postal Code:	Prefecture:	Country: JAPAN only

3. ORDER REQUEST

Product	Please refer to the product catalogue on our website.				
	Product Name:				Price (JPY): ¥
Message Card or Board	☐ Message card ☐ Board (available items only)				
	To:				
	Message (within 150 words):				
	From:				
Requested Delivery Date & Time	/ / 20 (mm/dd/yyyy)				
	☐ Morning	☐ 14:00-16:00	☐ 16:00-18:00	☐ 18:00-20:00	☐ 19:00-21:00

4. PAYMENT

Credit Card Payment	Cardholder Name			
	Card Number			
	Expiration Date CSC	/		

Thank you for your order. Please review this form before sending to help prevent delivery errors. If you have any questions, please feel free to contact us.