

# order by FAX



arakawainbo

Please fill out the contents of print, please send a FAX to the number

**FAX number : 06-6451-7156**

Requested date

The name of the purchaser			
Contact information	〒 ----- TEL FAX		
Shipping address (If the contact with the different)	〒 ----- TEL FAX		
Delivery time desired date	day	month	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.12~14 <input type="checkbox"/> p.m.14~16 <input type="checkbox"/> p.m.16~18 <input type="checkbox"/> p.m.18~20 <input type="checkbox"/> p.m.20~21
Payment Method	<input type="checkbox"/> Cash on delivery  <input type="checkbox"/> Bank transfer	<div style="border: 1px dashed black; padding: 5px;">         [Payee]          Bank Name: Osaka City Welfare credit union          branch name: Fukushima Branch          Account: current 500 535          Branch number: 011          Name: limited company Arakawa Shirushibo       </div>	
Receipt	<input type="checkbox"/> Unnecessary <input type="checkbox"/> necessity		
Name to put on seal    ※please write big			
Purchase number		Size	<input type="checkbox"/> 12mm <input type="checkbox"/> 15mm

[Store name] Arakawa Shirushibo

[Address] Yubinbango553-0002 Osaka-shi, Osaka, Fukushima-ku, Sagisu 2-chome, 7-13

[TEL] 06-6451-7130