

Before completing this form you should read carefully the instructions overlea

INVOICE

Sender:		Mail Item No.:			
		Date mailed: / /			
		Invoice No.:			
			Order No.:		
TEL #					
FAX #					
Addressee:		Terms of Payment:			
		Remarks:			
TEL #					
FAX #					
Shipped Per:	To:		From:		
EMS			JAPAN		

Description	Quantity	Unit Price	Total Amount
Total		-	

[

Signatory

County of Origin

]

[

Signature

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