

REGISTRATION FORM

Date: MM DD YYYY

①SHIPPER DETAILS・ 配送先			
フリガナ			
NAME			
フリガナ			
ADDRESS	〒 _____		
TEL		MOBILE NO.	
FAX		E-MAIL ADDRESS	
②CONSIGNEE DETAILS・ お届け先			
フリガナ			
NAME			
フリガナ			
ADDRESS	〒 _____		
TEL		MOBILE NO.	
①Please provide the necessary information such as SHIPPER's NAME, COMPLETE ADDRESS with POSTCODE and TELEPHONE NUMBER			
②Please provide the necessary information such as CONSIGNEE's NAME, COMPLETE ADDRESS with POSTCODE and TELEPHONE NUMBER			
<i>For first time clients...</i>			
<div style="border: 2px solid red; padding: 10px; display: inline-block;"> <h2 style="margin: 0;">¥500 DISCOUNT</h2> </div>			
<input type="checkbox"/> 3KGS ¥5,000	<input type="checkbox"/> 5KGS ¥7,000	<input type="checkbox"/> 10KGS ¥13,000	