

ORDER FORM	
Book Title	
QTY	
Order date	
Order number (if any)	
Bill-to address	Name:
	Company:
	Address:
	Tel:
	E-mail:
Ship-to address	<input type="checkbox"/> Ship to the above address
	Name:
	Company:
	Address:
	Tel:
Method of Payment	<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Credit Card (Please proceed with the payment by accessing the URL sent later.) * Checks are not accepted.
Message	

No Refunds

No Returns Accepted

Please send this form to shuppan@yakuji.co.jp

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