KATSUDA SHOUTEN CO.,LTD. (Wine Cellar KATSUDA)

Order Form

FAX +81-848-23-3268
E-mail katsuda@katsuda.co.jp

Company Name: _____

Contact/Title: _____

Billing Address: _____

_____

Shipping Address: _____

_____

Phone: _____ Fax: _____

E-mail: _____ mobile: _____

VIN	WINE	SIZE	PRICE	QTY	AMT

Subtotal	
Freight	
Insurance	
Total	

Credit Card Authorization Visa , Master , AMEX , Diners

credit card number: _____

expriration date: _____ / _____ Sec Code _____

This is to verify that I, _____ , authorize KATSUDA SHOTEN, Co.,LTD to charge my credit card for the total reflected on this order. KATSUDA SHOTEN, Co.,LTD has not stamped/swiped my card, but will use my signature herein as proof of my consent to the charges deemed on this order.