


# Gift Order Form for more than 2 deliveries

FAX  078-858-7146



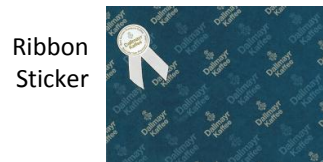
DATE	Y	Y	M	M	D	D	Company Use		
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Ordered by \_\_\_\_\_ \*information mandatory

*Name	Either of followings will be a billing contact.		
	*E-mail		
*Telephone	*Fax		
Mobile Phone			
*Address	〒		
*Method by Payment	<input type="checkbox"/> Bank Transfer <input type="checkbox"/> COD (acceptable only if you are one of gift recipients *Handling Fee (¥315/less than ¥10,000))		

Please complete below if

Item Description	Item Code	Quantity	Ribbon Sticker
Dallmayr Gift DGS-			Yes/No
Dallmayr Gift DGS-			Yes/No
Dallmayr Gift DGS-			Yes/No



(Dallmayr Gift Wrapping)

**Bank Transfer:**  
 As we receive your order, we will bill to either above contact. Please make bank transfer within 5 working days after invoice arrives. Customers will be responsible for bank transfer fee.

**Bank:** SUMITOMO MITSUI BANKING CORPORATION  
**Branch:** Rokko-island  
**Account #:** 3409673 **Name:** AMADEUS Corporation

<Shipping> Bank Transfer: Within 5 working days after your payment  
 COD: Within 5 working days after your order

\*<Receipt> Do you need original receipt by mail? NO / YES

<DM> Please check the box if you do not like to receive DM from us.

## Shipping Address

①	*Telephone	*Name		
	*Address	〒		
	Item Description			
	Dallmayr Gift DGS-	Item Code	Quantity	Ribbon Sticker
			Yes/No	
			Yes/No	
			Yes/No	
②	*Telephone	*Name		
	*Address	〒		
	Item Description			
	Dallmayr Gift DGS-	Item Code	Quantity	Ribbon Sticker
			Yes/No	
			Yes/No	
			Yes/No	
③	*Telephone	*Name		
	*Address	〒		
	Item Description			
	Dallmayr Gift DGS-	Item Code	Quantity	Ribbon Sticker
			Yes/No	
			Yes/No	
			Yes/No	

Shipping cost ...¥600/per delivery or free shipping with a purchase of ¥10,000 or more per delivery