



TheKencrestCorp.

JPOffice 1803-5Oze,SekiCity,GifuPref,JapanZIP501-326 5

USOffice 9325LimaTer.S.,Seattle,WA98118,UnitedStates

OrderForm

OrderList

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

FlatRateShippingfeeUS\$7 _____

GrandTotal _____

TypeofCreditCard VISAMASTERCARDAMEXDISCOVER

CreditCardNo. _____

ExpirationDate (Month)/(Year)

VerificationNo. _____3DigitNo.(AMEX4DigitNo.)

FirstNameandLastName _____
(ExactlySameasthenameonyourCreditCard)

BillingAddress StreetAddress _____
City _____ StateorProvince _____
ZipCodeorPostalCode _____
Country _____

ShippingAddress (IfdifferfromBillingAddress)
StreetAddress _____
City _____ StateorProvince _____
ZipCodeorPostalCode _____
Country _____

PhoneNumber _____

EmailAddress _____

PleaseprintandfilloutthisOrderForm,andsend theformbyFaxtoourJapaneseoffice FaxNo.81-575-25-2699