



## OPTIQUE ET VISION

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N° intra fr32332920529

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Rcs antibes 332 920 529 - 85 B 340

### Customer shipping adress:

Date of order:

Last name:

First name :

Number :

Street :

City:

State if applicable:

ZIP Code :

Country :

Phone / Fax :

E mail :

Fill this form and send it by fax, mail, or email.  
For bank transfert, please contact us to obtain our bank account information.

### *Online purchase order form for Losmandy NS kit*

Quantity	Reference	Unit price US \$	Total US \$
	Kit G11 NS-VIS for G11	540	
	Kit GM8NS for GM8	540	
	Complete G11 NS KIT <u>with</u> spacer	856	
	G11 Spacer only	399	
	Shipping International Express. For more than 2 items please contact us.	48	
	<b>TOTAL</b>	...	

### Payment :

. Bank transfert, please contact us to receive our bank account information.

. Credit card.

Card :  Visa  Mastercard

Name of the owner of the card :

Please write the 16 numbers : \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ .

Date : \_ \_ / \_ \_ .

3 digits on the back : \_ \_ \_ .

Signature of the card owner :

We will charge you the day your order ships.