



**OPTIQUE ET VISION**  
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**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	499	
	Kit GM8NS for GM8	499	
	Complete G11 NS KIT <u>with</u> spacer	825	
	G11 Spacer only	399	
	Shipping International Express. For more than 2 items please contact us.	30	
	To ship more than 2 items please contact us		
	<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.