



OPTIQUE ET VISION
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 Rcs antibes 332 920 529 - 85 B 340

Customer shipping address:

First name :
Second name:
Number :
Street :

ZIP Code :
City :
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 Postal Priority	30	
	To ship more than 2 items please contact us		
	TOTAL	...	

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.