



**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 for Euro area***

Quantity	Reference	Unit price euros	Total euros
	Kit G11NS-VIS for G11	490	
	Kit GM8NS for GM8	490	
	Complete G11 NS kit <u>with</u> spacer	848	
	G11 Spacer only	358	
	Shipping International Express. For more than 2 items please contact us.	18	
	<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.