



AUTOREC ENTERPRISE, LTD.

FAX: +81-5675-6-6511

Phone: +81-5675-6-6111

- ORDER FORM -

(A) ORDERER

NAME: _____

FULL ADDRESS(PHYSICAL): _____

(P.O. BOX) _____

FAX NO.: _____ PHONE NO.: _____

(B)(CONSIGNEE (Owner of the vehicle)

NAME: _____

FULL ADDRESS(PHYSICAL): _____

(P.O. BOX) _____

FAX NO.: _____ PHONE NO.: _____

(C) VEHICLE ORDERED

CHASSIS NO.: _____ YEAR: _____ OUR REF. NO.: _____

PRICE: US\$ _____

PORT OF DISCHARGE: _____

(D) PAYMENT

ARRANGED TO COMPLETE ON _____ (DATE) BY WIRE TRANSFER FROM _____ (BANK NAME)

(E) SHIPMENT / DELIVERY

_____ AS SOON AS POSSIBLE _____ TO REACH AT THE PORT AROUND _____ (DATE)

(F) SHIPPING DOCUMENTS

TO BE SENT TO _____ (A) OF MYSELF

_____ (B) OF THE IMPORTER

_____ THE FOLLOWING PARTY:-

PHONE NO.: _____

(G) PRE-SHIPMENT INSPECTION

_____ I need to clear the inspection QISJ/JAAI/JEVIC /ITS

YOUR BUSINESS STATUS/ WHOLESALER, RETAILER, USER, DISTRIBUTOR, DEALER, AGENT

<REMARKS>

(1) STATE YOUR FULL PHYSICAL ADDRESS FOR AIR COURIER'S QUICKER/SAFER DELIVERY OF PAPERS

(2) (B) CONSIGNEE should be the VEHICLE OWNER

(3) Please ensure to complete the payment by T/T in 2 business days of prforma invoice date.

BUYER'S SIGNATURE