Immun'Age ORDER FORM

FAX ORDERS:
(310) 231-1089

MAIL ORDERS, SEND TO:
Osato USA, Inc.
11751 Mississippi Avenue, Suite 110
Los Angeles, CA 90025

PRICE PER BOX	QUANTITY	TOTAL
Shipping and	Handling	
8.25% Sales Tax	(CA Residents only)	
	TOTAL	

METHOD OF PAYMENT (Sorry, we cannot bill you or send C.O.D. orders)
Please, check the appropriate box:

☐ Check (Make checks payable to: OSATO USA, INC.)

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Number: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Expiration Date (MM/YY): |__|__|__|__|

Signature:_____

METHOD OF SHIPMENT:
All orders will be shipped by UPS Ground unless otherwise specified by the customer.

CUSTOMER INFORMATION (PLEASE PRINT)

BILL TO:

Name:_____

Address:_____

_____

City:_____ State:_____

Zip Code:_____

Phone: (_____)_____

Fax: (_____)_____

Email:_____

SHIP TO (Fill in only if different from billing address):

Name:_____

Address:_____

_____

City:_____ State:_____

Zip Code:_____

Phone: (_____)_____

Fax: (_____)_____

Email:_____