IMMUN'AGE (*F.P.P.*) ORDER FORM

FAX ORDERS:
1-310-231-1089

POSTAL MAIL ORDERS, SEND TO:
Osato U.S.A. Inc.
11751 Mississippi Avenue, Suite # 110
Los Angeles, California 90025-6130 U.S.A.

PRICE PER BOX	QUANTITY	TOTAL
9.00% CALIFORNIA Sales Tax (CA Addresses ONLY):		
Shipping and Handing:		
GRAND TOTAL:		

PAYMENT METHOD (Advance Payment Required---All Sales Are Final)
Please check the appropriate box:

☐ *VISA* ☐ *MASTERCARD* ☐ *DISCOVER* ☐ *AMERICAN EXPRESS*

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

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

Security Code: | | | | |

Signature: _____

SHIPPING METHOD: (STANDARD SHIPPING AND HANDLING IS VIA U.P.S. "GROUND")

CUSTOMER INFORMATION (PLEASE PRINT):

CARDHOLDER BILLING INFORMATION:

Name:_____
Address:_____
_____
City:_____State:_____
Zip Code:_____
Phone: (____)_____
Fax: (____)_____
Email:_____
ADDRESS TYPE: ☐RESIDENTIAL
☐COMMERCIAL
COMPANY NAME:_____

SHIPPING INFORMATION:

Name:_____
Address:_____
_____
City:_____State:_____
Zip Code:_____
Phone: (____)_____
Fax: (____)_____
Email:_____
ADDRESS TYPE: ☐RESIDENTIAL
☐COMMERCIAL
COMPANY NAME:_____