



ORDER FORM

Date : _____ / _____ / _____

Name : _____

Address : _____

Zip Code : _____

City : _____

Country : _____

Tel. : _____

Email : _____

NAME OF THE ITEM ITEM TYPE QUANTITY PRICE TOTAL

NAME OF THE ITEM	ITEM TYPE	QUANTITY	PRICE	TOTAL

Payment method : Bank transfer
 Paypal

Shipping method : Tracked
 Insured

Total :

Date :

Signature :

NOTES :