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| 御依頼者　（ご請求先） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 郵便番号 | | | 〒 | | | | | | | | | ＴＥＬ | | | |  | | |  | | | | | |  | |  |
| 都道府県 | | |  | | | | | | | | | ＦＡＸ | | | |  | | |  | | | | | |  | |  |
| 市区町村 | | |  | | | | | | | | | 日中連絡可能の連絡先（メールでも可能） | | | | | | | | | | | | | | |  |
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|  | | | | | | | | | ご要望 | | | | | | | | | | | | | | |  |
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| フリガナ | | |  | | | | | | | | |  |
| お名前 | | | 様 | | | | | | | | |  |
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| ご自宅発送用　ご注文書 | | | | | | | | | お届け希望 | | | | 月　　日（　　） | | | | | | | 時関指定ポスト便不可 | | | | | | | |
| ＴＥＬ | | |  | |  | |  | | 希望なし・午前中・14-16時・16-18時・18-20時・19-21時 | | | | | | | | | | | | | | | | | | |
| ＦＡＸ | | |  | |  | |  | | 自宅用ご希望運送便 | | | | | ①宅配便　②ポスト配送便　③代金引換便 | | | | | | | | | | | | | |
| 商品コード | | | 商品名 | | | | | | | | | | | | | | 単価 | 個数 | | 金額 | | のし等 包装指示 | | | | | |
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| 手さげ袋（　　　）枚　個別包装袋（　　　　）枚 | | | | | | | | | | | ご自宅用ご注文合計 | | | | | | 個 | | 円 | | | | 送料 | | | | |
| 商品アイテム数以上の枚数はご遠慮ください。 | | | | | | | | | | | ご贈答用　発送のご注文 | | | | | | | | | | | | | | | | |
|  | | お届け先お名前 | | | | ご住所 | | | | | | | | | 商品名または商品番号 | | | | | | 個数 | | | 単価 | | のし | |
| Ａ | □ | 様 | | | | 〒　　　　　　TEL | | | | | | | | |  | | | | | |  | | |  | |  | |
| 送り主 | |  | | | | | |  | | |  | |  | |
|  | | 運送便（宅配便・ポスト便）　　　月　　日（　　）　時頃 | | | | | | | | | | | | |  | | | | | |  | | |  | |  | |
| Ｂ | □ | 様 | | | | 〒　　　　　　TEL | | | | | | | | |  | | | | | |  | | |  | |  | |
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|  | | 運送便（宅配便・ポスト便）　　　月　　日（　　）　時頃 | | | | | | | | | | | | |  | | | | | |  | | |  | |  | |
| Ｃ | □ | 様 | | | | 〒　　　　　　TEL | | | | | | | | |  | | | | | |  | | |  | |  | |
| 送り主 | |  | | | | | |  | | |  | |  | |
|  | | 運送便（宅配便・ポスト便）　　　月　　日（　　）　時頃 | | | | | | | | | | | | |  | | | | | |  | | |  | |  | |
| 下記の欄は**送り主様の住所とご登録者様（ご請求者様）の名前が違う場合のみ記入して下さい。**  登録者様と異なる送り主様のお名前は、上のお届け先のお名前の横に記入し、下記のＡ・Ｂ・Ｃに○をつけて下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ａ Ｂ Ｃ | | | | 送り主様の郵便番号・ご住所・お電話番号 | | | | | | | | | | | | | | | | | | | | | | | |

上記リストで今後使用予定のない方、ＡＢＣの横の□にレ点チェックを入れて名下さい。