



Date:

Request for Quotation / Purchase Order

Please fill in the blanks in the form and **FAX (+81-72-344-5692)**

Company Name		
Address		
Contact	TEL	
	FAX	
	Email	
Contact person	Mr./Ms. <input style="width: 50px;" type="text"/>	
•Copy of your Business License		

Request for Quotation / Purchase Order					
<input type="checkbox"/> RFQ	<input type="checkbox"/> PURCHASE		PAYMENT METHOD : <input type="checkbox"/> Bank <input type="checkbox"/> Others		
Description					
Part number	Product name	Car name	Model/ Year	Qty.	Remarks
Note:					

AutoAddictionJapan,Inc

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OFFICE HOUR Monday to Friday: 9am-6pm, Japan Standard Time