

Dubbing Order Form



TEL 03-3943-3241

FAX 03-5940-0281

Date:

Day Month Year

【 1 】 Name :

First time user

※ If this is your first time to use our company, please tick the 'First time user' box.

【 2 】 Payment method: · Pay-on-delivery service (*daibiki*) · Cash (pay at our office)
· Bank transfer (delivery made after confirmation of transfer)

【 3 】 Dubbing content:

E.g. VHS	DVD	1	copy/s
_____	_____	_____	_____
_____	_____	_____	copy/s
_____	_____	_____	copy/s
_____	_____	_____	copy/s

【 4 】 Delivery address: 〒 _____ - _____

【 5 】 Telephone number: () —

【 6 】 Requested delivery date: day month year *We may be unable to deliver on the requested date.

【 7 】 Requested delivery time: Anytime · AM · 12:00-14:00 · 14:00-16:00
16:00-18:00 · 18:00-20:00 · After 20:00

【 8 】 Additional information: Please write any other requests or specifications regarding dubbing etc. in the space below.

If you have time, please complete our questionnaire.

How did you access our company homepage?

Yahoo!Japan

Google

Other ()

I did not visit your homepage