

Purchase Order Number	CL	Zoff Invoice * Warranty						Time: 12:40					
Name (Katakana): (last name first name) Name (Kanji): (last name first name) Birthdate: XX (Month) XX (Date) XX (Year) Sex: Male or Female Phone Number: XXXX-XX-XXXX				Purchase Date: May 15, 2015 Promised Ready Date: --→ Frame Number: ZS41001A Color: B-1B Y 9,720- Lenses: 60AS (^) Color: Y 5,400- Net: Y15,120-									
To Customers (Terms and Conditions of Purchase)						PD	SPH	CYL	AXIS	ADD	V		
					R								
					L								
013180796				Warranty (standard warranty covering lenses and frames) Store Name: Zoff Zoff Aeon Mall Tsukuba Inaoka Tsukuba Ibaraki 66-1 Aeon Mall Tskuba 2F TEL 029-836-1301									
RECEIVED													

I certify that the above translation is correct to the best of my ability. Dated 7 September 2015.

 (first and last name typed below and signed above)

Notes: The notes to customer and warranty were not translated as we felt they were not relevant to the receipt submission.
 Notes: The birth year is based on the Japanese calendar.

(Fill in whatever squares apply to you with the numbers on the right side of the form.)