

APPLICATION FORM <Domestic>

● By Revision of the Act for Prevention of Improper Use of Mobile Phones, User Identification is required to be confirmed.
 Please make sure to attach your identification such as your driver's license or passport with the application form.
 ※ Please confirm to fill out Payment Information if invoices are required.

| | | | |
|------|-----|----------------|---|
| Date | / / | Purpose of use | <input type="checkbox"/> Business <input type="checkbox"/> Sightseeing <input type="checkbox"/> Homecoming Visit <input type="checkbox"/> Other |
|------|-----|----------------|---|

| | | |
|---|--------------|---------------------|
| Your identification will not be required in case you present us your identification in past 3 years. Please make sure to fill out Order Number or Mobile Phone Number in the last rental. | Order Number | Mobile Phone Number |
|---|--------------|---------------------|

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|---------------------------|--|--------------------|--|--------|-----|
| Contractor (Billing Name) | Applicant Name | Company Department | | | |
| | Address <input type="checkbox"/> Office <input type="checkbox"/> Home | 〒 - | | TEL | - - |
| | | | | FAX | - - |
| | | | | E-mail | |

| | |
|------------------|--|
| User Name | |
|------------------|--|

※Please fill out User Name in case the contractor is not the user

| | | | | | |
|--------------------|----------------------|--|-----------|--|---|
| Rental Information | Phone Type | <input type="checkbox"/> JP-1type <input type="checkbox"/> JP-2type <input type="checkbox"/> JP-4type <input type="checkbox"/> JP-5type | | | |
| | Destination in Japan | Attention: All the services can be used only in Japan. The coverage provided by NTT DoCoMo and KDDI do not guarantee that coverage will be available at all covered geographic areas at all times. | | [* We consider the blank as unapplied.] | |
| | | | | Advance Number Notice | <input type="checkbox"/> Yes (¥315/day/set) Date: / / <input type="checkbox"/> Free (After 4pm on the day before pickup) |
| | Quantity | Set Phone display Quick <input type="checkbox"/> English <input type="checkbox"/> Japanese | Insurance | <input type="checkbox"/> Plus(¥315/day/set) <input type="checkbox"/> Standard(¥210/day/set) <input type="checkbox"/> No | <input type="checkbox"/> Voicemail (IDIVtype) <input type="checkbox"/> Itemized billing (ID·IDIVtype) |

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|---------------------|------------------|--|----------------------|--------------|--|
| Pick-up Information | Pick-up Date | / / | Arrival Info. / Time | Flight No. : | |
| | Pick-up Location | Airport <input type="checkbox"/> Narita 1 <input type="checkbox"/> Narita 2 <input type="checkbox"/> Kansai Int. (Osaka) <input type="checkbox"/> Centrair (Nagoya) <input type="checkbox"/> Fukuoka | | | |
| | | Delivery <input type="checkbox"/> Normal (¥800~¥1,000/order) <input type="checkbox"/> Express by 10:00am (Delivery charge +¥300/order) | | | |
| Date of Receipt | / / | | | | |

※Please make sure to fill out Contact Information in the bottom of this form in case the address of the contractor is not the shipping address.

| | | | | | |
|--------------------|-----------------|--|------------------------|--------------|--|
| Return Information | Return Date | / / | Departure Info. / Time | Flight No. : | |
| | Return Location | Airport <input type="checkbox"/> Narita 1 <input type="checkbox"/> Narita 2 <input type="checkbox"/> Kansai Int. (Osaka) <input type="checkbox"/> Centrair (Nagoya) <input type="checkbox"/> Fukuoka | | | |
| | | Delivery <input type="checkbox"/> Normal (with COD slip ¥1,000/order) | | | |
| Date of Return | / / | | | | |

Please appoint the shipping date in case of return by delivery service.

| | | | | | | | | | |
|-----------------------------------|---|--------------------|--|--|--|--|---------------------|--|--|
| Payment Information | <input type="checkbox"/> Credit Card | Card Type | <input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS <input type="checkbox"/> JCB <input type="checkbox"/> JACCS <input type="checkbox"/> UCS | | | | Expiration Date | / / | |
| | <input type="checkbox"/> Bank transfer (advance payment) | Bank Account info. | Bank Name | | | | Account Holder Name | | |
| | | | Branch Name | | | | Account Number | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| <input type="checkbox"/> Invoice* | Please send us the copy of a company register of contractor's by mail of fax if you need invoice. | | | | | | | | |

1.The cardholder's name is required to be the same as the applicant name or the user name.
 2.Bank Transfer/Advance Payment - Please deposit 30,000 yen per 1 handset. After return the handsets, the amount of difference will be refunded to your bank account.
 3.Invoice - After return the handsets, invoices will be issued. Our Company-Registration will be required in advance if you need invoices.

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|------|--------------------|---------------------|
| Note | Questions・Comments | Special Instruction |
| | | |

FAX number for order : **+81(0)3-3239-2444**

Contact Number : 【English】 +81(0)3-3239-3422 / 【Japanese】 +81(0)3-3239-2333

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|----------------------|---------|-----|-----|-----|----------------|--|--|
| Contract Information | Company | | | | Contact Person | | |
| | Address | 〒 - | | | | | |
| | TEL | - - | FAX | - - | Agency Code | | |