

FINGER SHAPE®

Order date _____

Name _____

Tel _____

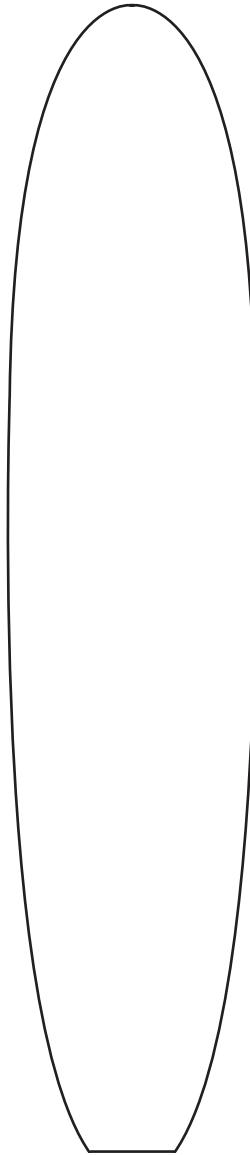
Model _____

Length _____

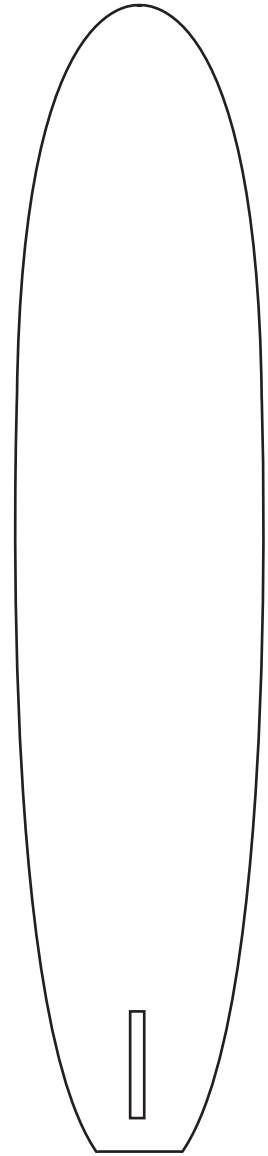
Width _____

Thickness _____

Tail _____



TOP



BOTTOM

Note

身長 / 体重 / 年齢 /

No. #

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SHOP