



## FAX/MAIL ORDER FORM

### Billing Information

Name : \_\_\_\_\_  
Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Zip code : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Email : \_\_\_\_\_

Shipping Address(If different from billing address) :

\_\_\_\_\_

	ITEMS #	PRODUCT DESCRIPTION	QTY	PRICE(RM)	TOTAL (price x qty)
1					
2					
3					
4					
5					

Shipping & handling Rates:

Notes/ Engraving or Embossing Instruction/Others _____ _____ _____	<b>Payment Information</b> <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX Card No.: _____ Expiry date: ___/___ Secured code: _____
	<input type="checkbox"/> Personal/ corporate check Cheque no: _____

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

To Place order: Pls fax to 03-42971260 • Mail: Send to the below address  
Customer service: 019 222 2913