

Silver Bells Hamper & Gift Sdn Bhd Order Form

No 58A, Jalan PJS 1/46, Taman Petaling Utama, 46000 Petaling Jaya, Selangor Darul Ehsan.

Hotline: 603-7783 2828 / 012 5855 700 Fax: 603-7782 8000 (Sales) / (03) 7770 9187 (Acc)

Email: sales@silverbells.com.my Website: www.silverbells.com.my

Personal Order Company Order	
(For Office Use) O/F No :	
A/C No:	

To: Silver Bells Hamper & Gift Sdn Bhd		ORDER BY / BILL 7	O			
Attn:	Contact Person :					
Date:		Co. Name :				
Total No. of Pages:		Address : Email :				
Notes: 1. Please do not send cash. Cash payment should be made either in person or collected by an authorised Silver Bells employee who carries an official Silver Bells Hamper & Gift Sdn Bhd receipt. 2. All cheques / money orders should be crossed & made payable to Silver Bells Hamper & Gift Sdn Bhd. 3. Confirmation of your fax order will be made via telephone. If you do not hear from us within one working day after you have faxed your order, please contact us at 03-7783 2828. 4. To avoid duplication and delay, please do not send in your order form if you have placed your order by fax. DELIVERY INSTRUCTIONS TO ENSURE PROMPT DELIVERY, PLEASE PROVIDE RECIPIENT'S TELEPHONE NUMBER.				Tel :	Ext :	
		Authorised S	Signature	H/P :	Fax : Company Stamp	
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		PAYMENT INSTRUCTIONS HONG LEONG BANK BHD A/C 04000075103 MAYBANK A/C 514440103659 (Please fax the bank-in slip with your Name and Contact Number to us for order information) Visa Master Amex				
		Card No.	- I			
		Expiry No :	Security No	. (CVV) :	Bank of Issue :	
		Card Member's Name :	,			
DELIVERY INSTRUCTIONS		'				
1. Item Code :	Unit Price: F	RM	Quantity:	Total: F	RM	
Deliver To (Name):						
Address:						
			Post Code :			
Telephone (Off):	House :		H/P:			
Delivery Date : Between	to					
Delivery Time : Office Hours / Anyt	ime (please dele	te accordingly)				
Message : From :					(For Office Use) D/O No:	
Tioni .					D/O No.	
2. Item Code :	Unit Price: F	Unit Price: RM		Total: F	RM	
Deliver To (Name) :						
Address:						
			Post Code :			
Telephone (Off):	House:		H/P :			
Delivery Date : Between	to	. ! ! .				
Delivery Time : Office Hours / Anyt	ime (piease deie	te accordingly)				
Message : From :					(For Office Use) D/O No:	
Tiom:					D/O No.	
3. Item Code :	Unit Price: RM			Total: F	RM	
Deliver To (Name) :						
Address:						
			Post Code :			
Telephone (Off):	House:		H/P:			
Delivery Date : Between	to	(
Delivery Time : Office Hours / Anyt	ime (please dele	te accordingly)				
Message : From :					(For Office Use)	
TIVIII .					D/O No:	