



SILVER BELLS HAMPER & GIFT SDN BHD

No. 58A, Jalan PJS 1/46, Petaling Utama,
46150 Petaling Jaya, Selangor Darul Ehsan

Tel: : 603-7783 2828 / 012 5855 700

Fax : 603-7782 8000 / 7770 9187

Email : sales@silverbells.com.my

Order Form

Personal Order

Company Order

(For Office Use)

O/F No :

A/C No :

To: **Silver Bells Hamper & Gift Sdn Bhd**

Attn: _____

Date: _____

Total No. of Pages: _____

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.

ORDER BY / BILL TO

Contact Person : _____

Co. Name : _____

Address : _____

Email : _____

Tel : _____

Ext : _____

H/P : _____

Fax : _____

Authorised Signature _____

Company Stamp _____

PAYMENT INSTRUCTIONS

HONG LEONG BANK BHD A/C 04000075103
(Please fax the bank-in slip with your Name and Contact Number to us for order information)

MAYBANK A/C 514440103659

Visa Master Amex

Card No. - - -

Expiry No : _____

Security No. (CVV) : _____

Bank of Issue : _____

Card Member's Name : _____

DELIVERY INSTRUCTIONS

1. Item Code : _____ U/Price: RM _____ Qty : _____ DC: RM _____ Total: RM _____

Deliver To (Name) : _____

Address : _____

Post Code : _____

Telephone (Off) : _____

House : _____

H/P : _____

Delivery Date : Between _____ to _____

Delivery Time : Office Hours / Anytime (please delete accordingly)

Message : _____

From : _____

(For Office Use)
D/O No: _____

2. Item Code : _____ U/Price: RM _____ Qty : _____ DC: RM _____ Total: RM _____

Deliver To (Name) : _____

Address : _____

Post Code : _____

Telephone (Off) : _____

House : _____

H/P : _____

Delivery Date : Between _____ to _____

Delivery Time : Office Hours / Anytime (please delete accordingly)

Message : _____

From : _____

(For Office Use)
D/O No: _____

2. Item Code : _____ U/Price: RM _____ Qty : _____ DC: RM _____ Total: RM _____

Deliver To (Name) : _____

Address : _____

Post Code : _____

Telephone (Off) : _____

House : _____

H/P : _____

Delivery Date : Between _____ to _____

Delivery Time : Office Hours / Anytime (please delete accordingly)

Message : _____

From : _____

(For Office Use)
D/O No: _____