TELEGIFT CORPORATION SDN BHD (707391-H)
22 Jalan 7/155, BUKIT OUG INDUSTRIAL PARK,
58200 KUALA LUMPUR
Tel : 03-7788 9999 / 7980 9999
Fax: 03- 7788 8828
Email: csvdept@telegift.com.my www.telegift.com.my

ORDER FORM
email or fax

S/O No:
A/C No:
(For Office Use)

Attn : _____
(Name of Customer Service Officer)

Date : _____ Total No. of Pages : _____

Please complete this summary giving details as indicated :

No.	Code	Qty	Unit Price (with GST)	Amount
			Total : RM	

Bill To (Company/Personal): _____

Address: _____

Tel: _____ Ext: _____ Fax: _____

Email: _____

Contact Person: _____ Dept: _____

Signature / Co. Chop:

CREDIT CARD PAYMENT

☐ Visa ☐ Mastercard ☐ Amex

Card Member's Name _____

Expiry Date MM/ YY/ Bank

Card No.

Method of Payment

☐ **Cash** ☐ **Cheque** ☐ **MAYBANK** A/C : 5144-4010-3345 ☐ **CIMB BANK** A/C : 80-0092561-7 ☐ **PUBLIC BANK** A/C : 3136240805

1. Please select Bank for making payment bank-into Telegift Corporation Sdn Bhd.
2. Email payment slip to **csvdept@telegift.com.my** or fax **03-7788 8828**

Interbank Transfer ☐ Maybank2U ☐ CIMB Clicks ☐ Public Bank

Delivery Instructions ***TO ENSURE PROMPT DELIVERY, PLEASE PROVIDE RECIPIENT'S TELEPHONE NUMBER.***

1. Hamper / Gift Code : _____ Unit Price: _____ Qty: _____ Total RM : _____
   Deliver To (Name) : _____
   Address : _____
   _____ Postal Code _____
   Telephone : (VERY IMPORTANT) (Off) _____ (Hse) _____ (H/P) _____
   Delivery Date : Between _____ To _____
   Message : _____
   From : _____

   D/O No:
   (For Office Use)

2. Hamper / Gift Code : _____ Unit Price: _____ Qty: _____ Total RM : _____
   Deliver To (Name) : _____
   Address : _____
   _____ Postal Code _____
   Telephone : (VERY IMPORTANT) (Off) _____ (Hse) _____ (H/P) _____
   Delivery Date : Between _____ To _____
   Message : _____
   From : _____

   D/O No:
   (For Office Use)

3. Hamper / Gift Code : _____ Unit Price: _____ Qty: _____ Total RM : _____
   Deliver To (Name) : _____
   Address : _____
   _____ Postal Code _____
   Telephone : (VERY IMPORTANT) (Off) _____ (Hse) _____ (H/P) _____
   Delivery Date : Between _____ To _____
   Message : _____
   From : _____

   D/O No:
   (For Office Use)