



BUSINESS CARD ORDER FORM

**** Please fill in the blanks completely. A proof will be provided to verify the printing information is correct. ****

Name :

Chinese Name :

Phone :

Email :

YOUR TITLE Senior Consultant Consultant

Quality : Please note: one box = **100 pcs** ,
1 Box **RM45.00**

Payment Amount : **** Only Cash**

Remarks :
.....
.....
.....

OFFICIAL RECEIPT

Name :

Phone :

Order Day :

Receive Date : (Please note: 10 working Days)

Payment Date :

Received By :