

Customer Purchase Order Form

First ply : Member's copy
Second ply: Customer's copy



Name : _____ Address : _____
Contact No. : _____
Date : _____

PAGE	CODE	PRODUCT NAME	QTY	UNIT PRICE (RM)	TOTAL (RM)

Note: Payment should be made upon goods delivery.

Total (RM): _____

Customer's Signature

Member's Signature

Delivery Date : _____

Catalogue : _____

Member's Name : _____

Contact No. : _____