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Attn:				
Date:	Customer Account N	lo	(if any)	
Companyis Name:				
Order by/Bill To:				
Address:				
Telephone: (H)	(0)		(Pg/HP)	
Contact Person:				
			Signature/Co	mpanyis Stamp
Order & Delivery In	structions			
Product Code No:	Quantity:		Jnit Price (RM):	
Order Remarks:				
Deliver to (name):				
Address of Recipient:				
Tel: (O)	(H)	 _ Delivery Date (From)		(To)
From (Name):				
Message (if any):				
Payment Instruction	ns			
		to be paid by:		
Cheque/Cash	American Express	☐ Visa	☐ Master	☐ Diners
Payment Remarks:				
	Expiry Date:			
Card Mambaric Name:		Card Mombaric Signatura:		