TELEGIFT CORPORATION SDN BHD (707391-H)
12, Jalan Awan Dandan, Taman Yarl,
Off Jalan Klang Lama, 58200 Kuala Lumpur.
Hotline : 03-7980 9999 (15 lines)
Faxline : 03-7987 2288 (5 lines)
Email: csvdept@telegift.com.my www.telegift.com.my

REFAX ☐
Important:
For Refax of Telefax Order Form.
Please Tick to indicate

Valentine's Day

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

Telefax Order Form

Attn : _____
(Name of Customer Service Officer)

Date : _____ Total No. of Pages : _____

Please complete this summary giving details as indicated :

No.	Code	Qty	Unit Price	Amount
Total				

1. Confirmation of your Fax Order will be made via the telephone. If you do not hear from us one working day after you have faxed your order, please contact us at 03-7980 9999
2. Please fill in your requirements on Telefax Order Form and fax to the above number.
3. If there are more than 3 deliveries, please follow the given format under "Delivery Instructions" for subsequent deliveries, fill in and fax over.
4. Please do not send cash; cash payment should be made in person or collected by an authorised Telegift employee who carries a Telegift official receipt.
5. All cheques/money orders should be crossed and made payable to Telegift Corporation Sdn Bhd.

Bill To (Company/Personal): _____

Address: _____

_____

_____

Tel: _____ Ext: _____ Fax: _____

Email: _____

Contact Person: _____ Dept: _____

Method of Payment ☐ Visa ☐ Mastercard ☐ Amex ☐ Cheque ☐ Cash ☐ Bank In Cheque ☐ ATM Fund Transfer

Card No. | | | | | | | | | | | | | | | | |

Card Member's Name _____

Expiry Date MM/ YY/

Bank _____

Signature / Co. Chop:

Bank In Cheque / ATM Fund Transfer

☐ **MBB** A/C: 514440103345 ☐ **CIMB** A/C: 14280003875053 ☐ **HLBB** A/C: 00300562262 ☐ **PBB** A/C: 3136240805 ☐ **AMBB** A/C: 0772012001409

1. Please select Bank accordingly.
2. Transfer amount / bank in cheque into our Current Account No. as indicated.
3. Fax bank in / deposit slip with your name and / or company name to us at 03-7987 2288.

***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)