Tel: (852) 3528 7370 Fax:(852) 2264 1077

ORDER FORM 訂購單

學校名	稱					
Contact Person : Delivery Address :				TEL/MOBLIE : FAX : EMAIL :		
ITEM	Product Item number	Description of Item	Unit Price	Quantity	Amount(HK\$)	Remark
You may	y copy this page for	ordering by fax or post.		Total:		
Minimum ree local de Payment M 'e are pleas ank drafts s Order prod Goods will l	Method we to accept payment by creshould be made payable to cessing be ready for delivery 7 day		cash on delivery of D.".	2. 訂購貨品rders.	- 真寫訂購人名稱, 1 品不足HK\$500需另	

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