



RESELLER PRODUCT ORDER FORM

1. BASIC INFORMATION

ORGANISATION:

CITY:

TOWN:

STATE:

TELEPHONE NOS:

E-MAIL:

WEBSITE:

RESELLER CUSTOMER ID NUMBER:

2. ITEMS ORDERED

PRODUCT DESCRIPTION	QUANTITY	DELEVERY TIMELINE	OTHERS
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
Others:		WORKING DAYS	
Others:		WORKING DAYS	

3. DELIVERY METHOD:

3.1 If delivery is to Customer Address, please specify delivery address:

ADDRESS:

CITY:

TOWN:

STATE:

4. INSTALLATION:

5. Payment type:

6. ORDER PROCESSED BY: (For Official Use Only)

NAME:

DESIGNATION

DATE