



*Fiori Florist & Gift Sdn. Bhd.*

# Fax Order Form

Please Fill in your order and fax it to **603-7987 7777**

**Attn:** \_\_\_\_\_  
(Customer Service Staff)

**Date:** \_\_\_\_\_ - \_\_\_\_\_

**Order By / Bill To (Company/Personal Name):**

**Contact Person:** \_\_\_\_\_

**Phone No. :** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Signature / Company Stamp:** \_\_\_\_\_

**Order Details:**

Product Code: \_\_\_\_\_ Quantity: \_\_\_\_\_

Unit Price: \_\_\_\_\_ Total Price: \_\_\_\_\_

Amount To be Paid: \_\_\_\_\_

**Method of Payments**

**ATM Fund or Online Bank-in to:  
Fiori Florist & Gift Sdn Bhd**



Account Number: 514235-21007-2

or



Account Number: 21437000002079

**Recipient's Details**

**Deliver To:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** (House/ Office) \_\_\_\_\_ (Hand phone) \_\_\_\_\_

**Delivery Period :** Between \_\_\_\_\_ To \_\_\_\_\_

**Message:** \_\_\_\_\_  
\_\_\_\_\_