

**ENAGIC® (MALAYSIA) SDN BHD**

Registration No.: 201101042983

Direct Sales License No.: AJL931978

Unit 25-6 & 27-6, The Boulevard, Mid Valley City, Lingkaran Syed Putra, 59200, Kuala Lumpur

Tel: (+60)3-2282 2332 Fax: (+60)3- 2282 2335

ALL APPLICATION MUST BE SUBMITTED TO**info.supply@enagic-my.com**www.enagic-my.com**SUPPLY ORDER FORM (pH Level Test Kit)**

DESCRIPTION	PRICE (MYR)	QUANTITY	TOTAL (MYR)
pH Level Test Kit (Liquid Form) - Phenolphthalein	10.00		

GOODS SOLD ARE NOT REFUNDABLE & EXCHANGEABLE. ITEMS LISTED HERE ARE NOT COVERED WITH WARRANTY.****REFER TO ENAGIC® REFUND POLICY****

<u>FOR OFFICE USE ONLY</u>	RECEIVED BY:	DATE:
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<u>PRINCIPAL INFORMATION.</u>			
Full Name (as per IC/Passport):			
Company Name (as per SSM):			
NRIC/Passport/Business Reg:		Date of Birth:	
Tax Identification No.:			
SST Registration No.:		<i>Mandatory for SST- registrant</i>	
Address:			
Postal Code:		City:	
Phone No (Home/Office):		(Mobile):	
Email Address:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<u>PURPOSE OF PURCHASE</u>			
State the Purpose:			
Signature:			
<u>ACCESSORIES TO BE DELIVERED TO (SHIPPING RECIPIENT)::</u>			
Same address as above	<input type="checkbox"/> YES <input type="checkbox"/> NO (you are required to fill up the below)		
Full Name (as per IC/Passport):			
Company Name (as per SSM):			
NRIC/Passport/Business Reg:			
Tax Identification No.:			
SST Registration No.:		<i>Mandatory for SST- registrant</i>	
Address:			
Postal Code:		City:	
Contact No:			
Email Address:			
<u>PAYMENT METHOD:</u>			
Option	<input type="checkbox"/> CASH <input type="checkbox"/> REMITTANCE <input type="checkbox"/> CREDIT CARD (you are required to fill up the below)		
Credit Card Holder's Name:			
Credit Card Number:			
Credit Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER	Expiry Date:	
Tax Invoice Billing Name:			