

**ENAGIC® (MALAYSIA) SDN BHD**

Registration No.: 201101042983

**Direct Sales License No.: AJL931978**

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

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[www.enagic-my.com](http://www.enagic-my.com)**ALL APPLICATION MUST BE SUBMITTED TO****[info.supply@enagic-my.com](mailto:info.supply@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\*\***

<b>FOR OFFICE USE ONLY</b>	<b>RECEIVED BY:</b>	<b>DATE:</b>
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<b>PRINCIPAL INFORMATION.</b>			
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	
<b>PURPOSE OF PURCHASE</b>			
State the Purpose:			
Signature:			
<b>ACCESSORIES TO BE DELIVERED TO (SHIPPING RECIPIENT)::</b>			
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:			
<b>PAYMENT METHOD:</b>			
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:		Expiry Date:	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER			
Tax Invoice Billing Name:			