



Head Office : Flat A, B&E, 4/F., Block 2, Kwai Tak Ind Centre,
 15-33 Kwai Tak Street, Kwai Tak Street, Kwai Chung, N.T.
 Tel : 8200 8030 Fax : 2480 1263

Fax Order Form

Company Name* : _____ Date* : _____
 Account Number* : _____
 Contact Address : (If delivery / collection address is different, please specify)

 Contact Person* / Tel number* : _____ / _____

New Carton(s) :			
<input type="checkbox"/> Deliver Empty Carton(s) : _____ Ctn.(s)		<input type="checkbox"/> Collect New Carton(s) : _____ Ctn.(s)	
<input type="checkbox"/> Regular		<input type="checkbox"/> Express	
Request Services :			
<input type="checkbox"/> Delivery	<input type="checkbox"/> Collection	<input type="checkbox"/> On site Visit	<input type="checkbox"/> On site Pickup / Delivery
Service Types :			
<input type="checkbox"/> Retrieval : _____ Ctn.(s)	<input type="checkbox"/> Permanent Retrieval : _____ Ctn.(s)		
<input type="checkbox"/> On site Visit : _____ Ctn.(s)	<input type="checkbox"/> On site Pickup : _____ Ctn.(s)		
<input type="checkbox"/> On site Delivery : _____ Ctn.(s)	<input type="checkbox"/> Destruction & Disposal _____ Ctn.(s)		
<input type="checkbox"/> Others : (Please specify below)			
Special Instructions : _____			

Barcode number / Customer ID		Barcode number / Customer ID	
1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	
Note: Continue on separate sheet if required			
Office Hour* (Mon – Fri) : _____		Lunch Time : _____	
(Saturday) : _____			
Authorized Signature* : _____			

Express Service (within 4 hrs.) – Fax / Tel / E-mail request received by 09:00 and 12:00 from Monday to Saturday, delivery will be before 13:00 and 16:00 on same day respectively.

Regular Service (24 hours Notice) – request by 18:00 on a working day, delivery by 17:00 on the next working day.