COMPANY ADDRESS NAME
TEL:



۱o.	Item	Quantity	Unit Price (RM)	Amount (RM)
ııld li	ke to receive latest update or newsletter from FLEXX	XO YES / NO	TOTAL:	
nent	for this order on delivery. CASH/ CHEQUE / CREDIT	CARD/ ONLINE		(IF APPROVED)

Ordered by : Signature Date

OFFICE USE ONLY					
Received by:					
Invoice No	:				
Issue Date	:				