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ORDER FORM

(TO ORDER – FAX TO +65 6763 1039)

Name: _____ Date: _____

Company: _____

Address: _____

_____ Postal Code: _____

Email: _____ Fax: _____

Contact: _____ (Mobile) _____ (Home / Office)

S/N	PRODUCT CODE & DESCRIPTION*	QUANTITY

DELIVERY INFORMATION:**

Deliver To (Name): _____

Address: _____

Delivery Date: _____ Contact: _____

Delivery Instruction: _____

* Exact product specification and cost may vary.
 ** Free delivery within Singapore. Additional charges apply for delivery overseas.
 *** All payments to be sent to office address above; Cheques crossed and made payable to “Jessica Inspiration”.