



Fax Order Form

Date* : _____

Company Name* : _____

Account Number* : _____

Contact Address : (If delivery / collection address is different, please specify)

Contact Person* / Tel number* : _____ / _____

New Carton(s) :

Deliver Empty Carton(s) : _____ Ctn.(s) Collect New Carton(s) : _____ Ctn.(s)

Regular Express

Request Services :

Delivery Collection On site Visit On site Pickup / Delivery

Service Types :

Retrieval : _____ Ctn.(s) Permanent Retrieval : _____ Ctn.(s)

On site Visit : _____ Ctn.(s) On site Pickup : _____ Ctn.(s)

On site Delivery : _____ Ctn.(s) Destruction & Disposal _____ Ctn.(s)

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.