ONE STOP DIVE CENTRE Co., Ltd

ORDER FORM / DELIVERY NOTE

Please complete and fax to 0-7563-7929

Customer name:	Date: Time:

Shipping Method:	
EMS	
Mail	
Pickup	
Weekly Del.	
Ferry	
Other	

Order Taken By:
Invoice Issues: Yes No
Invoice No:
No of Boxes:
Order Packed by:
Order Checked by:

Goods required:

Item Code	Description	Qty	Colour	Size	Shipped Packed	Back Order

Remarks: