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|---|
| RM ORDER FORM |
| Every working day cut-off time is 16:30 |

Let's make things better

Ref No: AMA80007

Fax : 3689 3880

TEL: 3689 3881

E-mail : rm@etllgroup.com

| | |
|-------------------------|-----------------------|
| Client Code : _____ | Order Date : _____ |
| Client Name : _____ | |
| Contact Address : _____ | |
| Contract Person : _____ | Telephone No. : _____ |

| JOB NATURE : | |
|--|--|
| Job Code | Job Code |
| (1) <input type="checkbox"/> Deliver Standard Cartons _____ Cartons | (2) <input type="checkbox"/> New Pick-up _____ Standard Cartons |
| (3) <input type="checkbox"/> Retrieval Deliver _____ Cartons (Normal / Emergency) | (4) <input type="checkbox"/> Retrieval Pick-up _____ Cartons |
| (5) <input type="checkbox"/> Barcode Labels _____ Pieces Range from: _____ I / _____ To _____ II / _____ To _____ | (6) <input type="checkbox"/> Deliver Shredding Bags _____ Bags Pick-up Shredding Bags _____ Bags Pick-up Shredding Cartons _____ Cartons <i>(Please specify no. of carton and size in JOB DETAIL below)</i> |
| Job Execution Date (*On / Before) : _____ | |

(* Please circle your selection)

| JOB DETAILS : | |
|---------------|-------------------|
| Job Code | Carton Number (S) |
| | |
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| | |
|---|--------------------|
| Remarks : | |
| Office Hours : Monday to Friday : _____ | Lunch Time : _____ |

Updated on 1-Apr-19

Authorized Signature

Company Chop

Authorized Person :