



MELILEA (M) Sdn. Bhd.
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EXPRESS DELIVERY PRODUCT ORDER FORM

Reference No. : _____
 Location Code : _____
 Handle By : _____
 Issue Date/Time : _____
 Delivery on : _____

Member Name: _____

MID No.: _____

Delivery Address: _____

Home Tel.: _____ Mobile phone: _____

ON BEHALF OF THE (SIV issue to) :

NAME: _____ MID NO. _____ (PURCHASER)

No	Item Code	Product Description	Quantity	Unit Price (RM)	Amount (RM)	Processing Month
Total Amount :						

Received payment from customer by:

- Cash
- Bank-deposit slip
- Credit Card

Received total amount : RM _____

Acknowledged payment receipt by staff:

Staff Name: _____
 Staff I/C No.: _____
 Date of receipt: _____
 Time of receipt: _____ am/pm