



WORLDWELLNESS NETWORK SDN. BHD (498569-M) / AJL 931429

No. 16, Jalan Othman, Section 1, 46000 Petaling Jaya, Selangor

Tel : 03-77887791 Fax : 03-77887792

Email : enquiry@worldwellness.com.my Website : www.worldwellness.com.my

BORANG PESANAN KAD KREDIT

CREDIT CARD ORDER FORM

NAME : _____	M.NO : _____
ADDRESS : _____	DATE : _____
TEL : _____ (H) _____ (O) _____ (HP)	<input type="checkbox"/> WM <input type="checkbox"/> EM

CODE	PRODUCT DESCRIPTION	UNIT PRICE			QTY	TOTAL PV	TOTAL AMOUNT
		PV	WM	EM			
TOTAL							

BUTIR-BUTIR KEBENARAN PEMBAYARAN / AUTHORISATION PAYMENT PARTICULARS

BUTIR-BUTIR PEMBELIAN / PURCHASER'S PARTICULARS

NAME : _____ TEL : _____

CREDIT CARD : MASTER VISA NRIC : _____

CARD NO: _____ (Please include last 3 digits stated at the back of credit card/sila sertakan 3 angka terakhir yang tercatat pada bahagian belakang kad kredit)

EXPIRY DATE : _____ / _____ (mm/yy) BANK : _____ AMOUNT: _____

SAYA MEMBENARKAN WWN MENGENAKAN BAYARAN DIATAS KEPADA AKAUN KAD KREDIT SAYA /
I HEREBY AUTHORISE WWN TO CHARGE THE ABOVE AMOUNT TO MY CREDIT CARD ACCOUNT

(SIGNATURE OF CARDHOLDER) DATE

(DO NOT SIGN ON BEHALF OF THE CARDHOLDER / TIDAK BOLEH MENANDATANGANI BAGI PIHAK PEMEGANG KAD KREDIT)
(INCOMPLETE FORM WILL NOT BE ENTERTAINED / BORANG TIDAK LENGKAP TIDAK AKAN DILAYANI)

PENYERAHAN JUALAN / SUBMISSION OF SALES

Nama Stokis / Stokist's Name: ANDEK ISMAIL IBRAHIM	Nama Ahli / Members's Name: _____
Kod Stokis / Stokis Code: JAS 0182	M No : _____

(Sila Lampirkan Sales Memo / Please Attach Sales Memo)

FOR WWN OFFICE USE ONLY	RECEIVED BY : _____	PROCESS / APPROVED BY: _____	CS / CDO NO: _____
	DATE: _____	DATE: _____	REMARK: _____