

Blending Colour Order Form

Order NO.	<input type="text" value="(Internal Use Only)"/>	Date	<input type="text"/>
Company	<input type="text"/>		
Contact	<input type="text"/>	<input type="text"/>	
Mobile	+ <input type="text"/>	<input type="text"/>	
Telephone	+ <input type="text"/>	<input type="text"/>	
E-Mail	<input type="text"/>		

	Product Codes	Specification <i>(Internal Use Only)</i>	Quantity	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Packaging Requests

Packing Request:	<input type="checkbox"/> Yes; <input type="checkbox"/> No	Labelling Request:	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Comments:	<input type="text"/>	Comments:	<input type="text"/>

**If no, we will process packaging according to Plastone standard.*

- Delivery Requests

Delivery Date:	Before <input type="text"/>
Shipping Method:	<input type="checkbox"/> By Sea; <input type="checkbox"/> By Air; <input type="checkbox"/> By Express
Delivery Address:	<input type="text"/>

Shipping Documents requested along with delivery:

Certificate Of Analysis;
 Invoice;
 Packing List;
 Latest brochure / catalogue;
 Others:

- Internal Use Only

	CS records	Date	Remarks
<input type="checkbox"/>	Reconfirm Product Codes	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Approved Production Plan	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Delivery Reconfirmation	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Shipping Documents	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Payment	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Customer Questionnaire	<input type="text"/>	<input type="text"/>

***IMPORATNT NOTICE:** Please use correct Product Codes , we should reconfirm it within one working day after receiving this form, if not, please resend the e-mail, thanks in advance.