



MAIL ORDER FORM

BV Volume Month Date: _____ West Malaysia East Malaysia

DISTRIBUTOR'S INFORMATION

Distributor's ID: _____
 Distributor's Name: _____
 Ordered By: Name: _____
 Contact No: _____
 Stockist /Mobile Stockist Name & ID (if): _____

Ship to:

Name: _____
Address: _____
Post Code: _____ State: _____
Contact No: _____

Item	Code	Product Description	BV	QTY	Distributor Price (DP)	Total DP Amount (RM)
1						
2						
3						
4						
5						
Amount Charge To Card:					Total Amount	

Please tick (v) where boxes are made available:

Via Credit Card

I hereby authorise Luxor Network Sdn Bhd to debit my Visa/MasterCard Credit Card with the following transaction(s) as specified below:-

Cardmember's Particulars

Full Name as per IC _____ NRIC No. (new) _____
 Credit Card No. _____ Credit Card Expiry Date : _____
 CVV/CID Number _____
 Issuing Bank _____ (Last 3 digit on the signature panel)  
 Tel (O) _____ (Hse) _____ (H/P) _____

Transaction(s) & Merchant Details

Date of Purchases _____ Purchase Price : RM _____
 Cardmember's Signature _____
 Date of Request: _____

THIRD PARTY CREDIT CARD AUTHORIZATION

I, _____ NRIC No. _____
 hereby authorize the usage of my credit card for purpose of the above purchase under Luxor Network Sdn Bhd.

Cardmember's Signature _____ Relationship to Credit Card Member _____
 Contact No. _____

IMPORTANT:
 Please ensure you have sufficient credit limit in your credit card for processing. Third party Credit card holders are required to provide photocopy of Credit Card (Front & Back), NRIC (Front & Back) for verification purposes.
 Note:
 Photocopy of Credit Card and NRIC, please cross it (Front & Back) and indicate for Luxor product only.
 Please submit your order with payment info and Whatsapp/Wechat to 018-233 0020 or Fax to 03-7681 2266