



GENERAL ORDER FORM

Please fill out legibly and completely for fast processing.

Name of School _____ **Date** _____
Address _____ **Fax #** _____
Postal Code _____ **Phone Number** _____ **Email** _____
School Status () Certified () Supervised **Privilege Discount Card #** _____

Description	QTY	Cost

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Ordered By: _____
Printed Name & Signature

Total Amount: _____

METHOD OF SHIPMENT

Bus Line LBC/JRS/ABOITIZ
 Shipline Office Pick-up
 Post Office Others _____

METHOD OF PAYMENT

Cash Check
 Online P.M.O.