



Delivery Order Form

Delivery Order No. _____

Tel: (65) 6366 3655 Fax: (65) 63660524
 Email: enquiries@daily.com.sg
 Website: www.daily.com.sg
 Business Reg No 53132141W

To order, please fill up this form and fax to 63660524 or
 e - mail to enquiries@daily.com.sg

Company			
Address			
Contact Person			
Designation			
Contact Details	(O)	(HP)	(Fax)
Email			

Order		Packets/pax	Delivery Time		AM
Commence / Delivery Date					PM
Delivery Address (if different from above)			Delivery Days	Mon - Fri	Mon
				Mon - Sat	Tue
				Mon - Sun	Wed
					Thu
					Fri
					Sat
					Sun
Package/Dishes Code Request Packet Food: (Limited to 1 choice of dish for every 20 packets to a maximum of 5 choices)	1.		Billing Date (Not applicable for One- Time-Order)	Every _____ Of the Month	
	2.			The order form shall be regarded as an invoice and the first month payment will be collected on the Delivery Commencement Date	
	3.				
	4.				
	5.				
	6.				

Billing Details (Packed Foods)	S\$	x	packets	x	days(s)	+ Delivery Charge \$	= Total \$
Billing Details (Buffet Catering)	S\$	per pax	x	pax	+ Extra Orders		+ Delivery Charge \$ = Total \$
					1.		
					2.		
					3.		
					4.		
					5.		

Mode of Payment: Cash / Cheque

Any Order Request (for customer use)

Note: (for office use)

This contract order form serve as an agreement between Daily Services to render their service to the Company as listed above.
 A 50% fee will be levied upon any cancellation done after the endorsement of this order. We accept only cash or cheque payment upon delivery.

 Signature of Contact Person & Company Stamp

 Signature of Director/CEO/GM/Manager & Company Stamp
 (Not applicable for One-Time Order)