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Helpline: 603-7980 4794
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www.kakaharimau.com

ORDER FORM

Billing Information:

Name : _____

Telephone (home) : _____

Address : _____

Telephone (office) : _____

Telephone (mobile) : _____

Email : _____

Postcode: _____ City: _____

State : _____

Shipping Information:

Same as billing information

new address

If new address, please fill the information below:

Name : _____

Telephone (home) : _____

Address : _____

Telephone (office) : _____

Telephone (mobile) : _____

Postcode: _____ City: _____

State : _____

Order Details:

Product Name

Price

Quantity

Grand Total

**Kaki Harimau Rollator
(ROL8889)**

RM 280.00

Payment Information:

Cash / American Express

Credit Card Holder's Name : _____

Credit Card Bank Name : _____

Credit Card Number : _____

Expired Date : _____ / _____ Security Code : _____