



## 訂購表格 ORDER FORM

如欲訂購本公司之產品，請填妥以下訂購表格傳真 2865 1335 或電郵 [info@aspirelearning.org](mailto:info@aspirelearning.org) 至本公司，我們將於三個工作天內以電話通知閣下作實。逾期請致電 2866 8850 與本公司職員聯絡。

For purchase of our company's tool-kit products, please complete this order form and fax to 2865 1335 or email to [info@aspirelearning.org](mailto:info@aspirelearning.org). If customers do not receive any phone confirmation from us within 3 working days from date of order, please contact us at 2866 8850.

❖ 所填報之資料只供購買本公司產品之用。請在適當方格內加上“✓”。

Information will be used to facilitate your purchase of Aspire Learning Limited products only. Please “✓” the appropriate box(es) only.

### 訂購人資料 Customer's Information

姓名 Name	會員編號(如適用) Member ID. (if any)
公司名稱 Company Name	職位 Position
電郵地址 Email Address	聯絡電話 Contact Tel No.

### 訂購資料 Order Details

訂購項目 Purchase Item	數量 Quantity	每單位港元售價 Unit Price (HK\$)	總金額 (HK\$) Amount
商業保險銷售錦囊 Business Insurance Sales Kit	_____ 套 set	<input type="checkbox"/> HK\$800.00 <input type="checkbox"/> HK\$500.00 (會員價 Member price)	HK\$
四色筆 Color Pen Set	_____ 套 set	<input type="checkbox"/> HK\$10.00	HK\$
其他： Others：		<input type="checkbox"/> HK\$	HK\$
合共 Total			HK\$

### 付款方法 Payment Method

顧客可以現金、劃線支票或銀行入數之付款方式訂購。 Customers may settle the payment by cash, crossed cheque or direct bank deposits.

<input type="checkbox"/> 支票 Cheque	以劃線支票繳費，抬頭請書 “Aspire Learning Limited” 及於支票背面請寫上姓名及聯絡電話。 All cheques should be made payable to "Aspire Learning Limited" and crossed. Please write down your <u>name</u> and <u>contact telephone number</u> on the back of the cheque.
<input type="checkbox"/> 現金 Cash	現金訂購請於辦公時間內親臨本公司辦理。請勿郵寄現金予公司。 Cash payment can be made at our office during office hours Monday through Friday. <u>Please DO NOT mail any cash to us.</u>
<input type="checkbox"/> 直接存款 Direct deposit	可透過 ATM 自動櫃員機轉賬或銀行櫃位直接過戶繳交款項。請存入 “Aspire Learning Limited” 之香港匯豐銀行戶口，戶口號碼為 <b>808-042840-838</b> ，並請謹記留取相關之有效*收據。付款後，請於收據寫上姓名及聯絡電話傳真至 2865 1335。 * 注意：凡未能提供有效收據之申請人，其已繳交之款項將不能確認，及其訂購申請亦不獲處理。 You may also make your payment to our Hongkong & Shanghai Banking Corporation Limited bank account <b>808-042840-838</b> via <u>ATM machine</u> or <u>Over-the-Counter Payment</u> . Please remember to collect the *Payment Receipt after each transaction. Upon successful payment, please write down your <u>name</u> and <u>contact telephone number</u> on the Payment Receipt and fax it to 2865 1335. * Remark: Your application will NOT be complete or accepted without the Payment Receipt and all fees paid are non-refundable.



### 送貨事項 Delivery Details

注意：凡訂購四色筆數額在港幣五百元以下，顧客須自行提貨。本公司有權按貨品數件重量及大小酌量收取速遞費。  
Notes: Customers have to arrange for self-pickup for order of color pen set below HK\$500. Company may also apply delivery charge for bulky order.

<input type="checkbox"/> 自取 Collect in person	顧客可自行到本公司取貨： 地址：九龍尖沙咀廣東道30號新港中心第二座606室 辦公時間：早上九時至中午十二時三十分及下午二時至六時（星期一至五） Customers can pick up merchandizes from our office directly : Address : Suite 606, Tower 2, Silvercord, 30 Canton Road, Tsim Sha Tsui, Kowloon. Office hours : 9.00 a.m. – 12.30 p.m. & 2.00 p.m. – 6:00 p.m. (Monday – Friday)	
	選擇送貨，請填寫此欄 For delivery, please fill in the box below :	
<input type="checkbox"/> 速遞服務 By courier	收貨人姓名(若與上述不同) Name of Recipient (if different from above)	
	聯絡電話 Contact Tel No.	
	收貨地址 Delivery Address	

### 聲明 Declaration

本人確認上述資料正確無誤。本人明白上述資料將用於購買產品之用。I confirm that the information provided above is true and correct. I also understand that the information will be used to facilitate my purchase of Aspire Learning Limited products only.

簽署Signature

日期Date

(Name in Block Letter: \_\_\_\_\_ )

### 此欄由本公司填寫 For Office Use Only

訂購日期 Order Date : _____	<input type="checkbox"/> 已茲收費用 Payment Made : _____	送貨日期 Date of Delivery : _____	備註 Remarks : _____
----------------------------	--	----------------------------------	-----------------------