T-BOMA

Order Form 採購訂單

Company Name 商戶名稱: _____

Tel Number 商戶電話: _____

Date 日期: _____

Based on the latest Code of Practice of the Department of Health, please place your orders with us in a written Order Form and call our medical representatives to confirm the orders, then Fax to 8101-2726, or Send a Mobile Message to our Medical Representatives, or Email to order@t-boma.com.

根據衛生署最新執業守則，請以書面訂單採購我司藥物並致電我司營業代表確認訂單，**再將訂單**

- **傳真至 8101-2726，或**
- **以手機傳送至我司營業代表，或**
- **電郵至 order@t-boma.com**

	Product Name 產品名稱	Unit 包裝	Quantity 數量	Remarks 備註
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

For any further information, please contact our Medical Representatives.
如有疑問，請與我司營業代表聯絡。

_____ _____

Signature & Chop
經手人簽名及公司印

Name 經手人姓名

For office use only 只供我司填寫	
Sales order No.	

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