

GOLDENTREE INFLATABLE

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Rental Order

APPLICANT INFORMATION:	VENUE INFORMATION () Check here if the same as Billing Information
Name :	_____
Organization Name :	_____
	Event Date :
	Time : _____ (e.g From 8a.m to 4p.m) Maximum 8 hours
Billing address	QUESTIONNAIRE
I/C no OR Company Registration No	1. How do you know us? Website Newsletter Magazines Internet Search Engine Through Friends Newspaper Facebook
Inflatable Products :	2. Would you like to receive our promotional offer in the future?
Inflatable Package :	Yes, e-mail No. SMS Direct Mail
Inflatable Rental Fees :	Client Signature,
Home phone (if Residential Address)	FOR OFFICE USE ONLY
Office phone (if Commercial Address)	Delivery Time : _____
Mobile phone	Delivery Date : _____
Email address	Delivery Officer : _____
	Order Officer In-Charge : _____

*please complete the form and email it back to goldentree_ent@rocketmail.com. We will process your application as we received the email. Thanks