



EXPRESSIONS ORDER FORM

Order No: _____ Date: _____

1. Sender's Name: _____

2. Address: _____

3. Telephone / Mobile Number: _____

4. Receiver's Name: _____

5. Address: _____

6. Telephone / Mobile Number: _____

7. Product (please tick):

* **Flowers :** *Basket of flowers* *Dhs. 100*

* **Cake :** *One kg.cake* *Dhs. 100*

* **Sweets :** *One kg.sweets* *Dhs. 100*

8. Message to accompany gift : _____

9. Amount Paid : Dhs. _____

10. Delivery Date: _____

Note:

- 1. For local deliveries the order should be given one day in advance.
- 2. For international deliveries (Doha/Muscat), the order should be given two days in advance.

Office Use Only:

Cash Payment Voucher No.: _____

Cash Collected By: _____ Airway Bill No. _____

Corporate Office: **Skycom Express**, P.O.Box 6195, Sharjah, UAE. Tel: 06-5398987, Fax: 06- 5398456
Customer Care: 06-5398989 E-mail: skycom@emirates.net.ae, Website:www.skycomex.com