

ORDER FORM - 4 Steps

Thank you for doing business with us!



T	Your Order Reference

DATE:			YOUR ORDER #:					
COMPANY NAME:			EMAIL:					
CONTACT:			TEL:					
2 Select y	our itei	ms					Reserved	l To AQM
ITEM NUMBER	QTY	DESCRIPTION		COLOUR	SIZE		PACKED	BACK ORDER
						1		
						2		
						3		
						4		
						5		
						6		
						7		
						8		
						9		
						10		
						11		
						12		
						13		
						14		
						15		
						16		
						17		
						18		
						19		
						20		
(If needed, pleas	eceive my regul se note that ho	lators with the Octopus & Console connected as a set "Ready to ses protectors will be automatically added to the order)	dive"					
OUR COMMENTS:					YOUR SIGNATU	IRE & STAMP:		
3 Select y	our shi	pping preferences*	TNT	TENS	K	ERR ×PRESS	۳	
Please cross pr	efered delive	ry.				~	_	
EMS		FERRY / BUS / NIGHT CARGO (Phi Phi Only)	Other:					_
PICK UP		Aqua Master FREE* Delivery service (Please check our delivery schedule & zones policy)						
qua Master is not resp jua Master. Prices are		mage or shortage which are caused by the carrier. All claim If for information only.	s must be made with	in 48 hours of rece	eipt of goods to the	e carrier and		

Our Commitment:

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Email your order at sales@aquamaster.net

- 1 We call you to confirm the reception of your order and products availablilty
- 2 For any order before 11am, we ship the goods the same day in the afternoon