


NHL AUTOMOBIL SDN BHD (569645-X) GST Reg No : 001052487680 Authorised Sales Dealer For Proton Edar Sdn. Bhd. No. 2788.C , Lot 249 , Bukit Palah Peringgit , 75150 , Melaka H/P: 012-3898848 Fax: 03-33626424				VEHICLE SALES ORDER	
Name & Address :		FINANCE SOURCE		DATE :	
		Finance Company		Sales Advisor :	
				TEL:	
I/C No :		Finance Loan RM:		Year Make :	
Tel (Off) :		Finance Period:			
Tel (Res) :					
Model :	Chassis No :	Engine No:	Colour :		
Govt. Approved Net Selling Price inclusive of Approved Standard Accessories					
Sub total (Sales Price)					
Inspection & Handling fee					
Metallic paint					
Accessories Packages					
Number plate					
OTHER :					
Less Discount (if any)					
Sub total (Excluding GST)					
Add GST 6 %					
One Year Road Tax					
Registration Fee					
HP Ownership Claim Fee					
Insurance Premium Inclusive of GST 6%					
Less NCB (.....%)					
Total Sales Price On the Road					
PAYMENT FROM CUSTOMER					
Total Sales Price :					
Less :					
<div style="display: flex; justify-content: space-between;"> <div> LOAN DOWNPAYMENT </div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>					
PRICE IS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE					
NOTE All cheques should be made payable to DEALER NAME and crossed 'Non Negotiable' . If payment to the Company is made by CASH or any other means, insist on an Official Receipt. If you have not received any Official Receipt after 7 day of payment, please notify us immediately at : DEALER CONTACT NO.					
DECLARATION I the undersigned, hereby agree to purchase from you the abovementioned vehicle and accessories at the prices shown above subject to the Terms and Conditions printed on the overleaf which I have read and confirmed that I am agreeable to. I have paid a deposit of RM..... vide Cash/ Cheque (Cheque No) which is to my knowledge is neither refundable not transferable in accordance to Condition No.2 of the Term and Condition. I hereby acknowledge and accept that delivery of the vehicle is in or about the month of Year.....					
Customer Singnature		Sales Representative Singnature		Verified By	
Date:		Date:		Date:	
OFFICE USE		Receipt No	RM	Remarks:	