



an online MOKA boutique  
 UAE Toll Free: 800-MOKA  
[www.the-mshop.com](http://www.the-mshop.com)

**MAIL ORDER FORM**

I (We) hereby confirm our order with you as per the following details:

➤ My full name and address are:

Customer Information			
Surname			Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
Name(s)			
Address			Postal Code
	Town		Country
Tel. No.	Office		Mobile
Fax No.			
Email			

➤ Please deliver the goods to the following address (Applicable only if different from above):

Recipient Address			
Surname			Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
Name(s)			
Address			Postal Code
	Town		Country
Tel. No.	Office		Mobile
Fax No.			
Email			

➤ Please deliver the following goods:

Order Information				
Item	Description	Qty	Price / AED	Total / AED
1				
2				
3				
4				
5				
6				
7				
			Sub-Total	
			Transportation / Shipment Charges	
			Total in UAE Dirham	

**Gift delivery service at its finest!**  
 "A true gift is a gift wholeheartedly given."



➤ Please include a card with the following message (for Gifts):

Gift Card Message

Payment	
<p><b><u>IMPORTANT:</u></b>            The m! Shop is operated by Moka General Trading LLC. Please make your payment as per the following details:  <b>Moka General Trading LLC</b>            P.O. Box 23684, Dubai,            United Arab Emirates</p>	
<p><input type="checkbox"/> Please find attached a Bankers' Draft in UAE Dirham drawn on a bank in the UAE</p> <p><input type="checkbox"/> Please find attached a copy of the bank transfer that I (We) made in your favour</p> <p><input type="checkbox"/> I hereby authorize you to debit my personal credit card, the details of which are shown below, with the above total amount</p>	
Card Number	VISA <input type="checkbox"/> Master <input type="checkbox"/> Diners <input type="checkbox"/>
Full Name <i>(as it appears on the card)</i>	
Billing Address <i>(as it appears on the Card's Statement of Account)</i>	
Expiry Date <i>(MM/YY)</i>	
Signature & Date (*)	

\*This form must be signed and dated even if payment were not made by credit card. For companies, please add the signatory title and the company stamp (It should not cover the signature).

Please fax back this form at Fax. No. **+971 (4) 3392099**

**Please DO NOT communicate any credit card details by email.**