

HOW TO ORDER

Collect the order form from any of the Head Post Offices in the country. Fill up and return the order to the HPO along with the required payment or Tear off/ download/ create (as per specimen shown here) the order form. Complete the order form and mail/ fax/ e-mail to STCI Ltd. (formerly known as Spices Trading Corporation Ltd.), SRM Road, Pachalam P.O., Cochin - 682 012 (Tel/ Fax : 0484-2403474;

E-mail: stclchn@vsnl.net along with proof of payment where applicable, in any of the following accounts.

HDFC A/c No. 0092320004533
 IDBI A/c No. 008103000003483
 CITI Bank A/c No. 0520978801

through cheque/ cash/ draft/ online remittance at any of the branches of the concerned Bank nearest to you or dispatch the cheque or draft along with the completed order form to STCL, at the above address.

Online purchase: Access indianspice.com/ flavourit.com and complete the order form and necessary payment formalities. Credit Card transactions are handled by CITI Bank protected by

Prices Include - Purchase tax (4%), Central Sales tax (10% as applicable) packing, forwarding and delivery etc.

Delivery through Speed Post/ Courier within 3-5 days of receipt of payment advise.

ORDER FORM

Please send me the following Spices:

Spice	Net Weight	Price per Packet		Price for 2 Packets		Packets Ordered	Total Amount Payable	
		Rs.	US\$	Rs.	US\$			
Cardamom - AGEB	250 gm	295.00	7.00	495.00	11.50			
Organic Black Pepper								
a) TGEb	250 gm	175.00	4.00	280.00	6.50			
b) MG-1	250 gm	135.00	3.00	200.00	5.00			
Vanilla	25 gm	375.00	8.50	700.00	16.00			
	100 gm	925.00	21.00	1780.00	40.50			
Grand Total								

Payment details <input type="checkbox"/> Cash <input type="checkbox"/> Draft <input type="checkbox"/> Cheque <input type="checkbox"/> Online transfer <input type="checkbox"/> Credit Card				Date of payment	
Remitted at / through		HPO		Cheque/ Draft No.	
Deposited in <input type="checkbox"/>		Dispatched in favour of <input type="checkbox"/>		A/c No. of <input type="checkbox"/> HDFC <input type="checkbox"/> IDBI <input type="checkbox"/> CITI Bank	
Drawn on branch		of		Bank	
Through <input type="checkbox"/> Credit Card		Charge my <input type="checkbox"/> VISA <input type="checkbox"/> Master			
Credit Card No. <input type="text"/>		Expiry date		DD <input type="text"/> MM <input type="text"/> YEAR <input type="text"/>	
TITLE		NAME		SURNAME	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				DATE OF BIRTH	
				DD <input type="text"/> MM <input type="text"/> YEAR <input type="text"/>	
HOUSE NO.		HOUSE NAME		STREET	
CITY		STATE		PIN	
TEL:			E-MAIL:		
SIGNATURE:					