

ORDER FORM

Customer # _____

Date: _____

Bill To: _____

Name: _____

Address: _____

City/Province: _____ / _____

Postal Code: _____

Ph#/Fax#: _____ / _____

PO#: _____

Delivery Instructions: _____

Ship To: _____

Name: _____

Address: _____

City/Province: _____ / _____

Postal Code: _____

Ph#/Fax#: _____ / _____

Freight Quote Requested **Yes** _____ **No** _____

Freight Insured **Yes** _____ **No** _____

Door to Door Delivery **Yes** _____ **No** _____

Please print order & item description in capital letters

Qty	Description	Part #												Unit Price	Total		

Please charge to Credit Card#: _____ Exp. ____ / ____

Sub Total _____

Signature: _____

Freight _____

Name on Credit Card: _____ MC _____ Visa _____

GST _____

Please charge to my account: _____

Total _____