Product Order Form

Crystal Mountain™

Sales Order

Order Date: _____

Customer Account #: _____

Purchase Order #: _____

Name: _____

Address: _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Contact: _____ Tel: _____ Fax: _____

If Ship To Address is same as above, please check here ☐

Ship To:

Name: _____

Address: _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Contact: _____ Tel: _____ Fax: _____

Freight:

☐ By Post/Mail ☐ By Sea/Land ☐ By Air ☐ By Courier ☐ Other _____

Lead times for delivery vary, please check with CM office

Payment:

☐ Cleared funds before shipping by: Wire Transfer Cleared Cheque

☐ On Account

Quantity	Part Number	Description	Unit Price	Extended Price
Special Instructions:			Sub-total:	
			Taxes:	
			Total:	

Purchaser Name and Contact email or phone: _____