

Product Order Form



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 or Cleared Cheque

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

Purchaser Name and Contact email or phone: _____