

# Product Order Form



Fax order to: 1 780 454 9816

## Sales Order

Order Date: \_\_\_\_\_

Customer #: \_\_\_\_\_

P.O. #: \_\_\_\_\_

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:

Yellow Freight     UPS     DHL     MAIL     Other \_\_\_\_\_

Delivery Date Required: \_\_\_\_\_

Payment:

On Account  
 Credit Card    Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_  
 Other \_\_\_\_\_

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

NOTE: All returns must be preauthorized and are subject to a 20% restocking charge. Returns are to be sent prepaid.

Purchaser: \_\_\_\_\_