



Customer info

Photocopy and fax this form to 604-444-4302

Customer Account No.	Date & Time	No. of Pages
Company Name	Your Name	
Delivery Address	City	Postal Code
Telephone No.	Fax No.	Purchase Order No.
Email	Is this order for resale? (please circle) Y N	PST No.

Payment info

- Credit Card
 Net Terms (OAC)

Type of Credit Card  

Card No.	Expiry Date
Card Holder's Name	Telephone No.
Address	City Province
Postal Code	Signature

Items ordered

Item No.	Quantity		Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Order cut off time is 1pm for Next Day Delivery by 5pm