

# FAX ORDER FORM



SHIP TO ACCOUNT #:	
CLIENT NAME:	
ADDRESS:	
CITY:	POSTAL CODE:

ATTENTION TO:	DEPARTMENT:
CREDIT CARD #:	EXPIRY:

DATE OF ORDER: Y   M   D	YOUR PURCHASE ORDER / REQUISITION #:	PAGE: OF:
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ITEM	QTY	UNIT	CODE NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
SPECIAL INSTRUCTIONS:					SUB-TOTAL	
					G.S.T. / H.S.T.	
					P.S.T. / Q.S.T.	
					TOTAL	

ORDERED BY:	TELEPHONE: ( ) -	FAX: ( ) -
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You're our number One!  
**Fax: 1-866-399-9990**