

YOUR COMPANY NAME

Address (first line)

Address (second line)

City, Province or State, Postal Code

Phone Number

Fax Number

SHIP TO: Company Name

Address (first line)

Address (second line)

City, State or Province

Date

PAYMENT BY:

Check: _____ Amt. Enclosed: _____

Charge: _____ Card Type: _____

Account: _____ Account No: _____

COD: _____

Credit Card No: _____

Our Order Number: _____
Our Customer Number: _____
Direct Inquiries To: _____
Delivering Date Requested: _____

Payment Policy: *Type your payment policy, such as "30 Days."*

STOCK NO.	UNIT/PKG	DESCRIPTION				QTY

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BILL TO:

Address:

Tax Rate: _____

Signature:

ORDER FORM

:
e)
d line)
ovince, Postal Code

PRICE/UNIT	TOTAL AMOUNT

<i>Sub total:</i>	
<i>Tax :</i>	#VALUE!
<i>Total due:</i>	#VALUE!