



# ORDER FORM

Invoice #: \_\_\_\_\_

Rep: \_\_\_\_\_

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

New Customer

U.S. Customer

Customer Name: \_\_\_\_\_

Contact: \_\_\_\_\_

### BILLING

### SHIPPING

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Tax I.D.: \_\_\_\_\_

Customer Account: \_\_\_\_\_

Ship Via: Canpar: \_\_\_ Other: \_\_\_\_\_

Production Date: \_\_\_\_\_

Ship Date: \_\_\_\_\_

Keep card on file

One time use only

Credit Card #: \_\_\_\_\_

Sub-Total: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Packaging/Handling: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

**Total:** \_\_\_\_\_

Signature: \_\_\_\_\_

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