

ORDER BY:

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 Address: _____
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SHIP TO:

SHIP TO SAME ADDRESS

Name: _____
 Organization: _____
 Address: _____
 City: _____
 Province: _____ Postal Code: _____
 Telephone: () _____
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SHIPPING INSTRUCTIONS:

NOTE: ENSURE TO INSPECT ALL PACKAGES **PRIOR** TO SIGNING FOR DELIVERY

PAGE #	ITEM #	PRODUCT DESCRIPTION	QUANTITY	UNIT PRICE	EXTENDED PRICE

Payment Method:

Quote Only
 Purchase Order# _____
 Cheque/Money Order
 Credit Card  

Name on Card: _____

Card Number: _____

Expiration Date: _____

Authorized Signature: _____

*SHIPPING & HANDLING (GROUND ESTIMATE)

Estimate shipping charges at 10% (\$15.00 min.) of the merchandise total. Additional charges may apply for remote locations, and heavy or oversized items that begin with the number 5 or 7. We will contact you for approval if additional charges are applicable.

PAGE 1 SUBTOTAL	
PAGE 2 SUBTOTAL	
MERCHANDISE TOTAL	
*ESTIMATED SHIPPING & HANDLING	
SUBTOTAL	
G.S.T. OR H.S.T. (IF APPLICABLE)	
P.S.T (IF APPLICABLE)	
TOTAL	

