

FAX ORDER FORM




FILL ONLINE, PRINT AND FAX TO (519) 883-7533

Ship To	Date	Phone
	Company Name	
	Shipping Address	
	City & Province	Postal Code

Invoice To	Company Name	
	Mailing Address	
	City & Province	Postal Code

Account #
Your Fax #
Contact Name
P.O. #

IF PAYING BY CREDIT CARD,

Check one	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Credit Card #						
Cardholder(s) Name						
Cardholder(s) Signature						

	PAGE	ITEM NUMBER	QTY.	UNIT(s)	UNIT PRICE	DESCRIPTION
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

IF YOU ARE RETURNING ITEMS PLEASE COMPLETE BELOW

ITEM NUMBER	QTY.	ORIGINAL ORDER #	REASON