

Customer Information

Contact Name: _____ Title: _____

Phone Number: _____ P.O. Number: _____ Account Number: _____

Fax Number: _____ Email Address: _____

Invoice To **Ship To (if different)**

Business Name:	Business Name:
Address:	Address:
City:	City:
Province:	Province:
Postal Code:	Postal Code:

Quantity	U/M	Item Number	Page Number	Description	Size	Colour	Unit Price	Total Price

Bill My Account:			Subtotal:	
Visa #:	Exp.	AB, SK, MB, QC, PE, NT, NU, YT	GST: 5%	
Master Card #:	Exp.			
Ship Canada Post:	Special Shipping Instructions	BC	HST: 12%	
Ship Canpar:		NB, NL, ON	HST: 13%	
Ship Purolator:		NS	HST: 15%	
Ship Via My Account:			Shipping:	
			Amount Enclosed:	
*Payment terms on all account are Net 30 Days O.A.C *Customers must call for approval prior to returning merchandise.				
<i>Add 15% if pre-paying for shipping (approx.)</i>				