

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:	Advanced Payment:	Subtotal:
Visa #:	Exp.	ONT. P.S.T. 8%
Master Card #:	Exp.	FED. G.S.T. 6%
Ship Canada Post:	Special Shipping Instructions	H.S.T. 14%
Ship Canpar:		Shipping:
Ship Purolator:		Amount Enclosed:
Ship Via My Account:		** Add 15% if pre-paying for shipping (approx.)
*Payment terms on all account are Net 30 Days O.A.C		
*Customers must call for approval prior to returning merchandise.		