

**YOUR COMPANY NAME**

Address (first line)

Address (second line)

City, Province or State, Postal Code

Phone Number

Fax Number

**SHIP TO:** Company Name

Address (first line)

Address (second line)

City, State or Province

Date

**PAYMENT BY:**

Check: \_\_\_\_\_ Amt. Enclosed: \_\_\_\_\_

Charge: \_\_\_\_\_ Card Type: \_\_\_\_\_

Account: \_\_\_\_\_ Account No: \_\_\_\_\_

COD: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Our Order Number: _____
Our Customer Number: _____
Direct Inquiries To: _____
Delivering Date Requested: _____

Payment Policy: *Type your payment policy, such as "30 Days."*

STOCK NO.	UNIT/PKG	DESCRIPTION				QTY

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**BILL TO:**

*Address:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Tax Rate:* \_\_\_\_\_

*Signature:*

# ORDER FORM

:  
e)  
d line)  
ovince, Postal Code



PRICE/UNIT	TOTAL AMOUNT

<i>Sub total:</i>	
<i>Tax :</i>	#VALUE!
<i>Total due:</i>	#VALUE!