



ORDER FORM

Invoice to:		Ship to (if different from invoice to information):	
Mailing address:		Mailing Address:	
City	Postal code	City	Postal code
Ordered by:		Attention:	
Phone:		Date required:	
Date ordered:		Drop off:	Rush Order:
Pick Up:	Pick Up by:	Pick Up Date:	P.O#
Date shipped/picked up:		Order filled by:	Invoice #

QUANTITY	ITEM CODE & DESCRIPTION	UNIT PRICE	TOTAL PRICE

Subtotal	
Shipping & Handling	
5% GST	
6% PST	
TOTAL	