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SUPPLY ORDER FORM

Order Date:_____ Please photocopy this page! Please use pen to complete this form.

BILL TO:

Customer #

Organization Name

Contact Name

Mailing Address

City Province Postal Code

Phone Fax

☐ Email Invoice? Email Address

Purchase Order #

Tax Exempt # ☐ Certificate Attached

☐ Enclose Additional Order Forms

☐ Enclose New Catalogue

SHIP TO: Same as BILL TO: ☐

Organization Name

Contact Name

Shipping Address

City Province Postal Code

Phone Fax

Contact Email Address

Shipping Information Required:

Open Days: Mon Tues Wed Thurs Fri

Open Hours: _____ _____ _____ _____ _____

Days/Times Not Available for Delivery:_____

Special Delivery Instructions:

☐ Pick Up Order *(we will contact you when ready)*

Item Number	Colour	Quantity Ordered	Item Description	Item Price	Total Price
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00

PAYMENT METHOD: (CHECK ONE)

☐ Visa ☐ Mastercard ☐ Cheque ☐ On Account

Credit Card # Expiry Date CVV

Print Cardholder Name

Authorized Signature

Total this page	$0.00
Total page 2	$0.00
Total page 3	$0.00
Total page 4	$0.00
Shipping if applicable:	
Subtotal:	$0.00

This order does not include any element of tax. Applicable tax will be calculated and added.

Submit Order

Please Click the Submit button once. You will automatically receive an email confirmation

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FREE SHIPPING! **Details on the Inside Back Cover of our 2014/15 Catalogue**

Sub Total this page $0.00

Thank you for your order!

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