

ORDER FORM

BILL TO _____ SHIP TO _____
 FACTURE A _____ EXPEDIER _____

TEL : ()

FAX : ()

ORDER DATE DATE DE COMMANDE		SALESPERSON VENDEUR	PURCHASER SIGNATURE SIGNATURE DE L'ACHETEUR	PURCHASER NAME NOM DE L'ACHETEUR	PURCHASE ORDER NO. NO. DE BONNE COMMANDE	TERMS DE LAIS
QTY ORDERED	UNIT UNITE	PRODUCT CODE CODE PRODUIT	DESCRIPTION		UNIT PRICE PRIX UNITE	AMOUNT MONTANT
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CARRIER TRANSPORTEUR		SHIPPING DATE DATE DE LIVRAISON		INSTRUCTIONS		

Remarks: All prices are F.O.B Richmond Warehouse and subject to change without notice. To avoid discrepancies, please phone or fax to confirm prices and product availability with salesperson when ordering. Please specify complete product code, price, size, colour and order quantity to avoid errors. Special priced merchandise are NOT eligible for further discounts.

MASTERCARD / VISA ACCEPTED

MASTERCARD / VISA NO.	EXPIRY DATE
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