



CUSTOMER PURCHASE ORDER FORM

Fax To: 506-453-9860

Order Placed by:

Order Date:

Contact Phone and e-mail address

Bill to Address:

Ship to Address:

Company Name:

Company Name:

Bill To Attention:

Ship To Attention:

Street Address:

Street Address:

City/State/Postal/Zip

City/State/Postal/Zip

Phone #

Phone #

Fax#

Fax#

Tax ID, EIN or VAT#

Tax ID, EIN or VAT#

Preferred Shipping Method FedEx, Purolator or UPS

Provide your Shipping account Shipping Account#
leave blank if you prefer to be billed for shipping

When do you need the order to arrive? Required Date?

If paying by PO indicate Purchase Order# PO#

If paying by CC - Card # – and Expiry Date Visa/MC or Amex?

Name on the Card: NOC

<i>Items Requested</i>	<i>Quantity</i>

Total Number of Pages
