



**Fax to: 416-824-3052**

**NO. OF PAGES SENT**

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**MO. DAY YEAR**

**BILLING INFORMATION:**

BILL TO: \_\_\_\_\_

COMPANY: \_\_\_\_\_

DIV./DEPT.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROV.: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

ORDERED BY: \_\_\_\_\_

CUSTOMER P.O.#: \_\_\_\_\_

**SHIPPING INFORMATION:**

SHIP TO/ATTN: \_\_\_\_\_

COMPANY: \_\_\_\_\_

DIV./DEPT.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROV.: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_



**CARRIER CODE:**

**START NUMBER:**

**CARRIER NAME:**

**QUANTITY:**

**PROOF REQUIRED?:**

EMAIL (PDF) PROOF

FAX PROOF

**PAYMENT METHODS:**

OPEN ACCOUNT

CUSTOMER ACCOUNT #:

\_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

**NOTES/OTHER:**