



Fax to: 416-824-3052

NO. OF PAGES SENT

DATE

/ /

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:

--	--	--	--	--	--	--	--

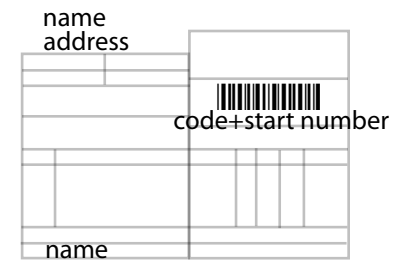
CARRIER NAME:

Address Line1:

Address Line2:

Address Line3:

QUANTITY:



PROOF REQUIRED?:

- EMAIL (PDF) PROOF
- FAX PROOF

PAYMENT METHODS:

- OPEN ACCOUNT
- CUSTOMER ACCOUNT #:
- _____

SIGNATURE:

NOTES/OTHER:
