



**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: \_\_\_\_\_



OPTION 1  
WORD "PARS" INCLUDED IN BAR CODE



OPTION 2  
WORD "PARS" NOT IN BAR CODE

**CHECK ONE**

PREFERRED

- OTHER:  NO COMPANY NAME ON LABEL  
 COMPANY NAME ABOVE BAR CODE

**CARRIER CODE:**

   

**START NUMBER:**

       

**COMPANY NAME:**

\_\_\_\_\_

**QUANTITY:**

\_\_\_\_\_

**PROOF REQUIRED?:**

EMAIL (PDF) PROOF  
 FAX PROOF

**PAYMENT METHODS:**

OPEN ACCOUNT

CUSTOMER ACCOUNT #:  
 \_\_\_\_\_

SIGNATURE:  
 \_\_\_\_\_

**NOTES/OTHER:**

\_\_\_\_\_  
 \_\_\_\_\_