

TEL. / FAX: 204-275-6748

## ORDER FORM

MAILING ADDRESS: P.O. Box 23 Winnipeg, Manitoba Canada, R3V 11.5

					Canada R	3V ILO	
SOLD TO:			SHIP 1	TO:			
Name:			Name:				
Company:			Company:				
Address:			Address:				
City:			City:				
Prov.: Country:			Prov.: Country:				
Postal Code:			Postal Code:				
Phone: ( )		Ext.:	Phone:	( )		Ext.:	
Email:			Email:				
ORDER TRACKING (office use only)				CUSTOMER CONTACT INFORMATION			
Customer #:			Name:				
Quote No.: Order No.:			Phone:	( )	Ext.:		
Order Type:	Phone Mail Fax	Email Web Site	Fax:				
Order Date: Received By:			Email:				
Entered By:			BILLING INFORMATION				
Ship Date:				eque  Money Order			
Shipped By:							
SHIP VIA :							
ACCT #:							
Collect	☐ PPD ☐ C	COD					
NOTES:			P.O. #:				
QUANTITY	IANTITY PRODUCT CODE		DESCR	IPTION	UNIT PRICE	TOTAL	
						<del>,</del>	
					SUBTOTAL		
				(Manitoba residents only) GST# 894964451	PST (7%)		
				001# 034304401	GST (5%) SHIPPING COST		
					TOTAL		