

Order Form

PURCHASE ORDER#

Date _____

BILL TO:

Account No. _____ Ordered by _____
Company Name _____
Address (optional) _____ City (optional) _____
Province / State (optional) _____ Postal / Zip Code (optional) _____
Phone _____ (Fax) _____

SHIP TO: (same as above)

Name _____
Address _____ City _____
Province / State _____ Postal / Zip Code _____

ITEM NUMBER	COLOUR / SIZE	QUANTITY	REFERENCE

Comment / Notes: