HARDWARE ORDER FORM

Name:	Shipping Address (if different)
Address:	Name:
City:	Address:
Prov./State:	City:
Post/Zip Code:	Prov./State:
Country:	Post/Zip Code:
Tel: ( )	Country:
Fax: ( )	Tel: ( )
Email:	Fax: ( )

Quantity	Product Number	Description	Price	Total
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
		Subtotal:		$0.00
		Shipping:		
		Canadian residents 6% GST:		
		B.C. residents 7% PST:		
		TOTAL:		

PAYMENT:

☐ VISA ☐ MasterCard ☐ Cheque

Submit Order Form

For your security and convenience a customer service representative will contact you (by phone or email) to confirm your order, provide you with a full cost quotation, and verify your credit card information or other payment method. If you are faxing this order form, please fill in your credit card information below.

CARD #																Expiry		
CVD Phone/Mail Purchase (Last 4 digits on back of card)					Signature											Date		

OFFICE USE			
	Date received:	Ordered:	In stock:
	Date Visa/MC processed:	By:	Invoice #:
	Date shipped:	Via:	By:

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