PRODUCT ORDER FORM

ORDER DATE: _____

CONTACT NAME: _____

COMPANY NAME: _____

FED. TAX#: _____
(required for first time US customers)

ADDRESS: _____

CITY: _____

PROV/STATE: _____

CUSTOMER P.O. #: _____

HOW DID YOU HEAR ABOUT US? _____

FAX #: _____

PHONE #: _____

SHIPPING ADDRESS: _____
(if different)

VISA/MC #: _____

EXPIRY DATE: _____

SECURITY CODE ON CARD: _____

FULL NAME ON CARD: _____

METHOD OF SHIPMENT: _____

QUANTITY	PART #	PRICE
	FREIGHT IS EXTRA	

X _____
Customer Signature

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