

You can fill the form out on line then print the form and fax to QPC or select the submit button to e-mail the form. Requires Adobe 4 or UP



Order form

ORDERED BY

SHIP TO (If different than "Ordered by")

Name	Name
Title Department	Title, Department
Company Name	Company Name
Address	Address
City State/Province	City State/Province
Zip/Postal Code Country	Zip/Postal Code Country
Phone Fax	Phone Fax
E-mail Website	E-Mail Website

PAYMENT METHOD

Cheque/Money order
 COD
 VISA
 On Account OAC
 PO # _____
 (for customers with established credit)
 Do You require a confirmation
 Yes No

Item #	Description	Quantity	Price Each	Total

Comments	Total
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IF PAYING BY VISA PLEASE PROVIDE

Account number
Expiration Date
Cardholder's Name
Cardholder's Signature

Taxes

PST - Exempt # _____ Extra
 GST - Exempt # _____ Extra
 HST - Exempt # _____ Extra

Risk of loss: Unless specified otherwise on your purchase order, all items will be shipped freight prepaid and charged. Shipments will be insured for \$100.00 and goods become the responsibility of the customer upon proof that the shipment was picked up by a courier or trucking company. If you wish shipments to be insured for more than the basic \$100.00 please advise us. You will be charged the rate provided by the carrier.

Preferred Shipping Method

Purolator Ground
Purolator Air
 Other _____
Prepaid & Charge
If collect Account # _____

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Toll Free Phone: 1 800 868-7495
Toll Free Fax: 1 866 399-3599
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