Purchase Order Form

Date:[mm][dd][yyyy] PO#: _____

Company Name: _____

Mailing Address:

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____

Phone #: _____

Fax #: _____

Shipping Address: Same as above ☐

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____

Phone #: _____

Part #	Quantity	Description	Unit Price	Extended

Subtotal	
Shipping	
GST	
PST	
Total	

Shipping calculated at the time of processing

Payment Method: *(Please circle method of payment)*

Credit Card Cheque Money Order Invoice

VISA MasterCard

Card #: _____ Expire Date: _____ 3 digit security #: _____

Name as it appears on the card: _____

Authorization Signature: _____

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