YOUR COMPANY NAME
Company Address

Product Order Form

Ordered By:	Ship To (If Different)
Name _____ ID # _____ Address _____ _____ City _____ Province _____ Postal Code _____ Phone _____	Name _____ ID # _____ Address _____ _____ City _____ Province _____ Postal Code _____ Phone _____

QTY	PRODUCT DESCRIPTION	PRICE	TOTAL

METHOD OF PAYMENT		
Cash □ Check □ Credit Card □ Name of Card Holder _____ Card Number _____ Exp. Date _____ Billing Address (if different from above) _____ _____		
I authorize your company to charge my credit card. Signature _____	Total	