



CANTEX DISTRIBUTION INC.

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PURCHASE ORDER FORM

PLEASE SUBMIT THE COMPLETED FORM BY EMAIL (sales@cantexdistribution.com) OR FAX (905) 374-8231

BILL TO INFORMATION

Company
Address
City
State/Province
Zip/Postal
Code Country
Phone Number
Fax Number
Contact Name

SHIP TO INFORMATION

Company
Address
City
State/Province
Zip/Postal
Code Country
Phone Number
Fax Number
Contact Name

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Additional Information:		SUBTOTAL		
		GST/HST		
		SHIPPING		
		TOTAL		

VISA

MASTERCARD

AMERICAN EXPRESS

Card Number:	
Expiry Date (mm/yy):	/ CVN/CVD
Name on Credit Card:	

Purchase Order Authorized By

Credit Card Authorized by