FAX ORDER FORM

Date: _____

Company Name: _____

Phone: _____ Fax: _____

Account Number: _____ PO Number: _____

Ordered By: _____

Your COS Rep: _____

Shipping Address: _____

Item #	Page #	Description	Quantity	Unit Price	Total Price

Comments / Special Instructions:

250 - 13900 Maycrest Way, Richmond, B.C., Canada, V6V 3E2
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