


Vendor	
	#8 8086 130th Street Surrey, BC V3W 8J9 Tel: 604.501.7779 Fax: 604.501.7718

Purchase Order

Date	
PO #	

Bill To

Company Name: _____
 Address: _____
 City: _____ Province: _____ Post Code: _____
 Telephone: _____
 Contact: _____
 Email: _____

Ship To

Company Name: _____
 Contact: _____
 Address: _____
 City: _____ Province: _____ Post Code: _____
 Telephone: _____

PST/HST/QST #	Terms	In-Hand Date	Ship Via
			<input type="checkbox"/> TMB Account and Bill <input type="checkbox"/> Customer Account # _____ Name of Courier _____

Qty	Unit	Description	Unit Price	Total
		In-House <input type="checkbox"/> Factory Direct <input type="checkbox"/>		

Logo Name (Pole 1): _____	<table border="1"> <tr><td>Subtotal</td><td></td></tr> <tr><td>GST</td><td></td></tr> <tr><td>PST</td><td></td></tr> <tr><td>Total</td><td></td></tr> </table>	Subtotal		GST		PST		Total	
Subtotal									
GST									
PST									
Total									
Imprint Colours: _____									
Logo Name (Pole 2): _____									
Imprint Colours: _____									
Artwork Proof Required? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Exact Repeat? Yes <input type="checkbox"/> If Yes, Previous PO# _____									
No <input type="checkbox"/> If No, Changes Required: _____									
Special Instructions: _____									

Pre-payment account, please include credit card information:

Credit Card #: _____ Expiry Date: _____

Name on Card: _____ Signature: _____