

<b>Vendor</b>	
	#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:

<b>PST/HST/QST #</b>	<b>In-Hand Date:</b>
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Qty	Unit	Description	Unit Price	Total
		In-House <input type="checkbox"/> Factory Direct <input type="checkbox"/>		

Logo Name (Pole 1): \_\_\_\_\_  
 Imprint Colours: \_\_\_\_\_  
 Logo Name (Pole 2): \_\_\_\_\_  
 Imprint Colours: \_\_\_\_\_  
 Artwork Proof Required? Yes  No   
 Exact Repeat? Yes  If Yes, Previous PO# \_\_\_\_\_  
 No  If No, Changes Required: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

Subtotal	
GST	
PST	
<b>Total</b>	

**Pre-payment account, please include credit card information:**  
 Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_