

IDL ORDER FORM

Company Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Your Name: _____

Your Job Title: _____

Shipping Address - (if different than Billing Address)

Company Name: _____

Address: _____

City: _____ Prov./State: _____

Postal Code/ZIP: _____

Phone: _____

Fax: _____

Attention: _____

Customer Code: _____ P.O. # _____ New Customer? Yes No

Item #	Description	Quantity	Price	Total

Minimum Orders of \$ 100.00

Provincial Tax Information

BC Exemption No. _____

(Amount not including shipping) **Sub Total** \$ _____

(NS) **15% HST** \$ _____

(PE) **14% HST** \$ _____

(NB, NF & ON) **13% HST** \$ _____

(BC) **7% PST 5% GST** \$ _____

(AB, MB, SK, PQ, NT, YT, NU) **5% GST** \$ _____

Grand Total \$ _____

Packing Instructions: _____

Requested Ship Date: _____

Net 30 Days (If you do not have Net 30 terms with us, please contact our Customer Service Department for an emailed or faxed Credit Application Form).

Credit Card



Card #: _____

Expiry Date: _____

Cardholder Name: _____

3 Digit Security Code on back of card: _____

Shipping:

All orders are shipped F.O.B. our Newmarket, Ontario plant. We will ship with our preferred carrier and add the freight to your invoice unless you request a specific courier company, which must go collect or third party billing to you or your shipping address.

Own Courier: _____

Account #: _____

Type of Service: _____

Next Day Ground Air Customer Pick-Up

Goods Being Shipped to United States of America

Tax I.D. # _____

Brokerage Service: _____