FAX ORDER FORM

Main Fax Line (204) 694-7224

Toll Free Fax Line 1-800-665-4223

Please photocopy this order form to place your orders by fax.

(Please print clearly)

Date: _____

Purchase Order No.: _____

Number of Pages: _____

Bill to:

Company Name: _____

Invoicing Address: _____

City: _____ Prov: _____ Postal Code: _____

Contact Person: _____ Ph: _____

Ship to: *(if different from invoicing address)*

Company Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Contact Person: _____ Ph: _____

Ship Via: _____

Quantity	Item No.	Description	Unit Price	Subtotal
			Total:	

Special Instructions: _____

Signed: _____

PRECAMBRIAN WHOLESALE LIMITED