

Date: \_\_\_\_\_ Your Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ PO#: \_\_\_\_\_  
 Delivery Address: \_\_\_\_\_

**Method of Payment**

Cash

Cheque

MasterCard 

Visa 

JW Account 

JW Account #: \_\_\_\_\_

Comments/Delivery Instructions:	Date Required:
	Back Order <input type="checkbox"/> Yes <input type="checkbox"/> No Rush <input type="checkbox"/> Yes <input type="checkbox"/> No

Customer Pick Up

Branch: \_\_\_\_\_

Deliver

	Product/Catalog #	Qty	Product Description	Sub Y/N
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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26				