

Date \_\_\_\_\_

**Bill to:**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Ship to:**  Same

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

New Act.	Company Name	Ship Date	Sales Representative	Purchase Order #
<input type="checkbox"/>		A.S.A.P.	ANY	

Quantity	Brand	Product Name : (Item #/Model/Description)	Unit Price	Optional Use Ext'd:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Standard shipping charges and taxes will be applied, see terms and policies for details.

Standard shipping charges and:

Sub-total

Order above \$500 and pay no Shipping Charges:

Freight

Charged at shipping

**Credit Card Authorization:**    

Card #:

Expiry Date:

Name of Card: \_\_\_\_\_ Address on billing statement: \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

By signing below, I hereby authorize Talmudey Canada Inc., to process payment for telephone and fax orders to the above referenced credit card. I assume full unconditional, responsibility for payment for all orders and agree to abide by all of Talmudey's billing and return policies. In addition I have read Talmudey's general sales policies appearing in its most recent sales catalog and I hereby agree to be bound by and with those policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_