

DATE: \_\_\_\_\_

PURCHASE ORDER #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**BILL TO:**  
Contact Name \_\_\_\_\_  
School/Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

**SHIP TO:**  
Contact Name \_\_\_\_\_  
School/Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_


**PAYMENT METHOD:**  
 Cheque  
 Visa  
 Mastercard  
 AMEX  
 Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_ Telephone # of Cardholder: \_\_\_\_\_  
 Cardholder's Signature: \_\_\_\_\_


QTY.	ITEM #	ITEM DESCRIPTION	UNIT PRICE	EXTENSION

All prices in canadian \$ **Sub-Total**

V05-30 Applicable taxes and shipping charges will be added to your invoice.

**It's Easy to Order from Spectrum!**

 1-800-668-0600

 1-800-668-0602

 customerservice@spectrumed.com

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