

DATE:
SIGNATURE:
BILL TO: Contact Name _____ School/Institution _____ Address _____ City _____ Province _____ Postal Code _____ Telephone () _____ Fax () _____

PURCHASE ORDER #:
EMAIL:
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: _____
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QTY.	ITEM #	ITEM DESCRIPTION	UNIT PRICE	EXTENSION
All prices in canadian \$			Sub-Total	

Price valid from January 1st to December 31st 2025

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

It's Easy to Order from Spectrum!