



# ORDER FORM

Carr Machining Division  
 1638 Industrial Avenue  
 Port Coquitlam,  
 British Columbia, V3C 6N3  
 Phone - 604-464-6098  
 Fax - 604-464-6018

**BILL TO:**  
 Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**SHIP TO:**  
 Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

P.O. DATE	SALES PERSON	SHIPPED VIA	F.O.B. POINT	TERMS
				Pre Pay

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

**PAYMENT METHOD**  
 My check is enclosed  
 Bill my open account  
 Charge to my credit card: Visa / Master Card / Amex  
 Card # \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Expiry Date \_\_\_\_\_

SUBTOTAL	
SALES TAX	
HANDLING	9.95
SHIPPING	
TOTAL	

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_