

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

<b>PURCHASE ORDER #:</b>
<b>EMAIL:</b>
<b>SHIP TO:</b>
Contact Name _____
School/Institution _____
Address _____
City _____
Province _____ Postal Code _____
Telephone (     ) _____
Fax (     ) _____

SPECIAL INSTRUCTIONS:

<b>PAYMENT METHOD:</b>	<input type="checkbox"/> Cheque	Credit Card Number: _____	Expiry Date: _____
	<input type="checkbox"/> Visa	Name of Cardholder: _____	Telephone # of Cardholder: _____
	<input type="checkbox"/> Mastercard	Cardholder's Signature: _____	
	<input type="checkbox"/> AMEX		

QTY.	ITEM #	ITEM DESCRIPTION	UNIT PRICE	EXTENSION
			Sub-Total	

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

## It's Easy to Order from Spectrum!