ORDER FORM

				Date:
Bill To:	email		Ship To:	email
Attn:			Attn:	
Company name:			Company name:	
Address			Address	
Unit:			Unit:	
City:		Currency	City:	
Country:			Country:	
Phone:	Fax:		Phone:	Fax:

Comments or Special Instructions:

ales Repi	resentative	P.O. Number	Purchaser	Shipped VIA	FOB	Terms
uantity	Item #	Description			Pack Size	Total Units
			Description			. ora. ora.
			tem Description			
	5271	1 x 20 - BOX-BUDD		ВОХ		
	5272	20 x 5 - BOX-BUDD			MASTER CS	
	5273	10 x 100 - BOX-BUI			BULK	
	5274	800 x 100 - BOX-BU			CONTAINER	
SO	5275			ITTER(custom colour)	CONTAINER	
					TOTAL UNIT:	0

Please allow 10 working days for delivery

All inquiries regarding this order please contact Merin Services at 604 644 5523 or email: merinservices@shaw.ca