SOQUELEC

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Purchase Order Form

Date:
File No.:

Customer

P.O. Number
Organization
Credit Card No. Exp
Credit Card Visa ☐ Mastercard ☐ Amex ☐
Name On CC

User

CCN
Name
Tel.
Fax
Email

Purchasing

CCN
Name
Tel.
Fax
Email

Applicable Taxes: GST ☐ PST ☐ HST ☐

Qty	Cat#/Mfg#	Description	Unit Price	Stock

Shipping Information

UPS ☐ Prepaid & Charge ☐
Fed Ex ☐ Prepaid ☐
Purolator ☐ Collect ☐
Other ☐ Partial Order: Yes ☐ No ☐
Account No.

Billing Address	Shipping Address