

FAX ORDER FORM

DATE OF PURCHASE ORDER:		
PURCHASE ORDER NUMBER:		PERSONAL CUSTOMER ACCOUNT NUMBER:
FUNCHASE GINDER NOMBER.		
SHIP TO:		
ATTENTION OF:		
ORGANIZATION:		
DEPARTMENT:		
STREET ADDRESS:		
CITY/TOWN:	PROVINCE/TERRITORY	/:POSTAL CODE:
SPECIAL DELIVERY INSTRUCTIONS:		
INVOICE TO: ☐ SAME ADDRESS AS SHIP TO		
ATTENTION OF:		
ORGANIZATION:		
DEPARTMENT:		
STREET ADDRESS:		
CITY/TOWN:	PROVINCE/TERRITOR\	f:POSTAL CODE:
PAYMENT METHODS:		
☐ Cheque ☐ VISA ☐ MasterCard ☐ American Express Cal	ard #:	Expiry Date: MMY
☐ Bill my Carswell Account #: P.C	0. #:	
Cardholder's Name (Please Print):		
Fax: () Email Add	lress:	
Tel.: () ext	Signature:	
MY ORDER:		
QTY PRODUCT DESCRIPTION		UNIT PRICE
Shipping and handling are extra. Price	ces subject to change without no	

TRIFORM MAILING ADDRESS:

Attention: Genie Carreiro, Triform Specialist Triform (Thomson Reuters) 2075 Kennedy Road, Toronto, ON Canada M1T 3V4 Telephone: 416-226-6000

TO PLACE YOUR ORDER: FAX TOLL-FREE 1-800-563-1666