

KEILHAUER

1450 Birchmount Rd
Toronto, ON M1P2E3
1.800.724.5665

Credit Card Order Form

Date: _____

NYS Contract #: PC68362

Sold To:

Card Holder's Name & Address
(Exactly as it appears on credit card statement)

Bill to Company Name:	
Cardholder Name:	
Address:	
City, Prov/State:	
Postal/ZIP Code:	
Telephone Number:	
Email Address:	

Ship to Address:

Company Name:	
Address:	
City, Prov/State:	
Postal/ZIP Code:	
Contact Name:	
Telephone Number:	

***PLEASE COMPLETE THE BELOW **HIGHLIGHTED** FIELDS
AS THIS INFORMATION IS REQUIRED FOR YOUR ORDER***

Type of Credit Card (please check one):

Visa MasterCard

Credit Card Number:

Expiration Date: CV2 Security Code: (3 digit # on back of card)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

FEDERAL TAX ID #:

Special Instructions:

****BOTTOM PORTION MUST BE COMPLETED BY CUSTOMER****

Item #	Description	Qty	List Price	Discount	Unit Price	Extended Net Price
1						
2						
3						
4						
5						

Product Total: \$ _____

Freight (if applicable): \$ _____

Installation Charges: \$ _____

Grand Total: \$ _____

Cardholder's Signature:

Fax completed document to: 416-759-1535

E-mail completed document to: customer.service@keilhauer.com