



Order Form

Company's Name: _____

Tax ID: _____ Purchase Order #: _____

Mailing Address: _____

Delivery Address: _____

Telephone: _____ Fax: _____

Contact: _____ Date: _____

PRODUCT NAME	SIZE (HEIGHT)	BUILT UP	KNOCK DOWN	FLIP TOP	KEY CODE	QTY	PRICE
CK 1700	70"	<input type="checkbox"/>	<input type="checkbox"/>				
CK 1000	40"	<input type="checkbox"/>	<input type="checkbox"/>				
CK 900	36"	<input type="checkbox"/>	<input type="checkbox"/>				
CK 800	32"	<input type="checkbox"/>	<input type="checkbox"/>				
CK 750	30"	<input type="checkbox"/>	<input type="checkbox"/>				
CK 700	27"	<input type="checkbox"/>	<input type="checkbox"/>				
CK 600	24"	<input type="checkbox"/>	<input type="checkbox"/>				

PRODUCT NAME	SIZE	QUANTITY	PRICE
CASCADE IPL 96G SHAFFER EURO	96 Gallon – 364 Litres		
	96 Gallon – 364 Litres		
	96 Gallon – 364 Litres		
	96 Gallon – 364 Litres		
CK64G IPL 64G SHAFFER EURO PDC-44 OTHER	64 Gallon – 243 Litres		
	64 Gallon – 243 Litres		
	64 Gallon – 243 Litres		
	64 Gallon – 243 Litres		
	64 Gallon – 243 Litres		

PRODUCT'S NAME	PRODUCT	QUANTITY	PRICE
CK NB 01	NYLON BAG		8.00

Remarks: _____

Please Fax Completed Forms to (519) 338-2067
 Delivery: 10 working days from receipt of order. • NET 30 DAYS •

94 William Street • PO Box 670 • Harriston • ON N0G 1Z0
 • Phone (519) 338-5888 • Fax (519)338-2067 •