



Contact Information

In order to process your order quickly and efficiently, provide your phone and fax.

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Shipping Address

Name:

Company:

Address:

City: Prov: Postal Code:

Note

Please complete the form below and fax to
514-341-0249

Fax Order Form

6194 Notre-Dame West
Montreal, Quebec
Canada H4C 1V4

Tel: 514-341-3415
Fax: 514-341-0249
info@cowandynamics.com
www.cowandynamics.com

Method Of Payment

Credit Card Type:





Card Number:

Expiration Date (MM/YY):/.....

Signature:

Name (as it appears on card):

Address:

City: Prov: Postal Code:

Product Selection

Item #	Quote #	Description	Quantity	Unit Price	Total

Shipping Information

Requested Ship Date:/...../ 2008

Under 150 lbs

150 lbs and Over

Ship Via:

Ship Via:

Account #:

Account #:

Federal Tax ID (if Ship to is in the USA)

#:

Broker (if required)

Name:

Phone:

Merchandise Total:

GST (889248969):

QST (1015289682 TQ0001):

Total:

Quebec: GST (5%) and QST (7.5%)
Maritimes: GST or HST (8%)
Other Canadian provinces: GST only. USA: None.

Thank You For Your Order