AGO Order Form

CANADIAN PACIFIC

Billing Address

Customer _____

Address _____

_____

City / Prov. _____

Postal Code _____

Phone: _____

Fax: _____

Attention: _____

Shipping Address (if different)

Customer _____

Address _____

_____

City / Prov. _____

Postal Code _____

Attention _____

_____

_____

AGO Part #	Description	Size	Qty.	Unit Price	Extended Price

Special Instructions:

Sub-Total	
Shipping	
Ontario Residents Add 8%of Subtotal	
GST 5% of Subtotal or HST 13% of Subtotal	
TOTAL	

Shipping
Orders will be shipped by most economical ground courier unless specified otherwise.
Preferred courier rate will be added to final invoice unless specified otherwise.

MasterCard #
Visa # | | | | | | | | | | | | | | | | |

Expiry Date | | | |

Cardholder Name _____

Cardholder Signature _____

Confirmation

Check here ☐ if you require a faxed confirmation of this order showing total charges.

Ensure Fax # is shown above.

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AGO INDUSTRIES INC.

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