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	
GST / HST (see note below)	
TOTAL	

Note: Add GST / HST as follows:

BC - 12% NS - 15%
ON, NL, NB - 13%
AB, MB, SK, QC, PE, NU, YT - 5%

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.

I:\data1\pm6\forms\cpr.pm6 Rev07/10

AGO INDUSTRIES INC.

P.O. Box 7132 • London, Canada N5Y 4J9 • Tel: (519) 452-3780 • Fax: (519) 452-3053

www.cprapparel.com