



ALDES North America CANADA SALES ORDER FORM

<input type="checkbox"/> NEW CUSTOMER <input type="checkbox"/> CURRENT CUSTOMER	DATE ORDERED	DATE REQUIRED	CUSTOMER #	ORDER #
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Acct. Name:	Ship To:
Contact Name:	Attn:
Bill To:	Address:
Address:	
	Tag:
Phone #: Fax #:	Phone #:
E-mail:	Customer P.O.#:

Billing: <input type="checkbox"/> Credit Card (contact for number if not on file) <input type="checkbox"/> Established Terms	
CC Holders' Name:	
CC Billing Address:	
Ship Via: <input type="checkbox"/> Ground <input type="checkbox"/> Next Day <input type="checkbox"/> 2nd Day	<input type="checkbox"/> Common Carrier
<input type="checkbox"/> Other	<input type="checkbox"/> Construction Site <input type="checkbox"/> Liftgate Service

Part Number	Description	Qty	Unit Price	Ext. Price

Special Instructions:	SUBTOTAL	
	TAX	
	FREIGHT	
	HANDLING	
	TOTAL DUE	

Fax completed form to 819.399.4001
 E-mail completed form to sabrina.mercier@aldes.com