

1. PHOTOCOPY THIS PAGE
2. FAX YOUR ORDER TODAY.

Po # _____

Tax # _____

QUANTITY	ITEM DESCRIPTION	ORDER CODE

PLEASE PRINT CLEARLY

Contact: _____		
Dealership Name: _____		
Address: _____		
City: _____	Province: _____	Postal Code: _____
Phone: _____	Fax: _____	

PLEASE PRINT CLEARLY

Visa #: _____	Exp: _____
M/C #: _____	Exp: _____
Card Holder: _____	
Fax Receipt ? <input type="checkbox"/> YES <input type="checkbox"/> NO	

For samples & information:

Phone: 1-888-882-6688 ♦ Fax: 1-888-727-6688

www.michaelmason.ca