



**CANTEX DISTRIBUTION INC.**

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## PURCHASE ORDER FORM

PLEASE SUBMIT THE COMPLETED FORM BY EMAIL ([sales@cantexdistribution.com](mailto:sales@cantexdistribution.com)) OR FAX (905) 374-8231

### BILL TO INFORMATION

Company  
Address  
City  
State/Province  
Zip/Postal  
Code Country  
Phone Number  
Fax Number  
Contact Name

### SHIP TO INFORMATION

Company  
Address  
City  
State/Province  
Zip/Postal  
Code Country  
Phone Number  
Fax Number  
Contact Name

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
<b>Additional Information:</b>		<b>SUBTOTAL</b>		
		<b>GST/HST</b>		
		<b>SHIPPING</b>		
		<b>TOTAL</b>		

VISA

MASTERCARD

AMERICAN EXPRESS

Card Number:
Expiry Date (mm/yy):     /     /
Name on Credit Card:

Purchase Order Authorized By

Credit Card Authorized by