## **EMAIL / FAX / MAIL - ORDER FORM**

INVOICE TO:  NAME  ADDRESS				SHIP TO (IF DIFFERENT):  NAME  ADDRESS											
												_			
								CITY PROV/STATE CODE				CITY	PROV/STATE CODE		
TELEPHONE FAX				TELEPHONE FAX											
E-MAIL ADDRESS				E-MAIL A	DDRESS										
PRODUCT CODE	QTY.	QTY. DESCRIPT		N (Include Unit Size)		UNIT PRICE	TOTAL								
Minimum Order is \$50.00	). Handling cha	rge of \$5.00 wil	ll be applied to	orders with a	total value of goo	ds under \$50.00									
					Total Mercha	andise									
☐ Payment Enclosed \$					Shipping										
☐ Net 30 Purchase Order No.					G.S.T. (If Applicable)										
Charge to my ☐ Visa ☐ Mastercard					P.S.T. (BC Only)		To be determined								
Card Number					H.S.T. (If Applicable)										
Exp. Date Name					Total Due   ▼										
3 Digit Security Code															
Signature					Tax Exemption #										
					ODDED Da	to:									

ORDER LINE: (800) 355-8551 (Toll-Free in Canada Only)
TELEPHONE: (604) 543-7504 (U.S. & International)

FAX (24 HRS): **(604) 543-7604** 

E-MAIL: sales@dynamicaqua.com

ORDER Date:

DYNAMIC AQUA-SUPPLY LTD. #112 - 8299 129TH STREET, SURREY B.C., CANADA V3W 0A6