

Purchase Order





This is not an invoice

SHIP TO: Name _____

Address _____

Postal Code _____

Phone _____ Fax _____

	<p>JEFFREY A. K. DICKERSON <i>www.Country Style Picture Framing.com</i></p> <p>14 Montreal Ave. P.O. Box 437 SOUTH RIVER, Ontario Tel: 705-386-2938 P0A 1X0 Fax: 705-386-0302</p>	
		

Description	Order Date	Total Units	Amount
20 X 24 @ S _____ CODE CODE CODE			
12 X 24 @ S _____ CODE CODE CODE			
16 X 20 @ S _____ CODE CODE CODE			
10 X 20 @ S _____ CODE CODE CODE			
14 X 16 @ S _____ CODE CODE CODE			
12 X 14 @ S _____ CODE CODE CODE			
10 X 12 @ S _____ CODE CODE CODE			
8 X 10 @ S _____ CODE CODE CODE			
6½ X 7½ @ S _____ CODE CODE CODE			
PEGBOARDS @ S _____			
CALENDAR HOLDER @ S _____			

Comments:	AMOUNT
	Plus Shipping, Handling, GST/HST

Preferred Shipping Date _____ Ordered by _____

D / M / Y

Terms: C.O.D. Visa Mastercard Cash Other _____

Card Number _____ Expiry Date _____

Signature _____