

QAI WINDOW PERMANENT LABEL ORDER FORM

Date:	_____	Listing Number:	_____
Company Name:	_____		
Manufacturing Location:	_____		

RECEIVER	
Contact Name:	_____
Phone Number:	_____
Shipping Address:	_____

PURCHASER	
(INVOICES WILL BE SENT TO THE PURCHASER)	
Contact Name:	_____
Phone Number:	_____
PO#:	_____
Invoice Method:	_____
<input type="checkbox"/> Email:	<input type="checkbox"/> Fax:
Details:	_____

SHIPPING INFORMATION

Preferred Shipping: FED/EX UPS Other _____

Shipping Account Number: _____ Date/Time Required: _____

Please Check this box if you would like the shipping charges added to the invoice:

All Labels are 100% Pre-Paid prior to shipment.

	Company Name Ltd. <small>Evaluated to CSA A440-00 and CSA A440 2-04 Evalued a CSA A440-00 et a CSA A440 2-04 File #</small>
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QTY:	_____
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Please fax completed label order forms to 604-461-8377.