

Order Form



ACCOUNT No.: _____

BILLED TO:

CENTRE: _____
 SB: _____

 C/O _____

DATE: _____

ORDER No.: _____

CONTACT PERSON:

NAME: _____
 TELEPHONE No.: _____

DELIVERED TO: *

ACCOUNT No.: _____

CENTRE: _____
 SB: _____

 C/O _____

NAME OF CARRIER:

 ACCOUNT No.: _____
 TELEPHONE No.: _____

* Please indicate the dates (e.g. vacation) on which delivery cannot be made.

CODE OF MATERIAL	COURSE TITLE	QUANTITY	UNIT PRICE	TOTAL

CODE OF MATERIAL	TITLE OF COMPLEMENTARY MATERIAL	QUANTITY	UNIT PRICE	TOTAL

* TAXES AND TRANSPORTATION COSTS ARE ADDED TO THE BILL.

TOTAL * _____

RETURN THE ORDER FORM TO:

SOCADIS INC.

420, rue Stinson
 Ville Saint-Laurent (Québec) H4N 3L7
 Fax No.: 514 745-3282 or 1 866 803-5422

ALL SALES ARE FINAL AND NO RETURNS WILL BE ACCEPTED.