

KEILHAUER

1450 Birchmount Rd
Toronto, ON M1P2E3
1.800.724.5665

FLS Credit Card Order Form

Date: _____

FLS Contract #:

Sold To:

Card Holder's Name & Address
(Exactly as it appears on credit card statement)

Bill to Company Name:	<input type="text"/>
Cardholder Name:	<input type="text"/>
Address:	<input type="text"/>
City, Prov/State:	<input type="text"/>
Postal/ZIP Code:	<input type="text"/>
Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>

Ship to Address:

Company Name:	<input type="text"/>
Address:	<input type="text"/>
City, Prov/State:	<input type="text"/>
Postal/ZIP Code:	<input type="text"/>
Contact Name:	<input type="text"/>
Telephone Number:	<input type="text"/>

***PLEASE COMPLETE THE BELOW **HIGHLIGHTED** FIELDS
AS THIS INFORMATION IS REQUIRED FOR YOUR ORDER***

Type of Credit Card (please check one):

Visa MasterCard

Credit Card Number:

Expiration Date: CV2 Security Code: (3 digit # on back of card)

FEDERAL TAX ID #:

Special Instructions:

****BOTTOM PORTION MUST BE COMPLETED BY CUSTOMER****

Item #	Description	Qty	List Price	Discount	Unit Price	Extended Net Price
1						
2						
3						
4						
5						

Product Total: \$ _____

Installation (if applicable): \$ _____

Grand Total: \$ _____

Cardholder's Signature:

Fax completed document to: 416-759-1535

E-mail completed document to: customer.service@keilhauer.com