

KEILHAUER

1450 Birchmount Road
Toronto, ON M1P 2E3
Canada

Credit Card Order Form

Date: _____

NYS Contract #:

Company Billing Details:

Bill to Company Name:

Address:

City/Postal Code:

Ship to Details:

Company Name:

Address:

City/Postal Code:

Phone Number:

Card Holder Billing Details:

Cardholder Name:

Address:

City/Postal Code:

Phone Number:

Email Address:

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

Courier Account
Information:

Special
Instructions:

Type of Credit Card (please check one):



☐ Visa



☐ MasterCard

Credit Card Number:

Expiration Date:

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

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

Item #	Part # / Description	Qty	List Price	Discount	Unit Price	Extended Net Price
1						
2						
3						

Product Total: \$ _____

Freight (if applicable): \$ _____

State Tax: \$ EXEMPT

Total: \$ _____

Cardholder's Signature (Digital Signatures Are Not Accepted)

Fax completed document to: 416-759-1535

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