

# KEILHAUER

1450 Birchmount Road  
Toronto, ON M1P 2E3  
Canada

## Credit Card Order Form

Date: \_\_\_\_\_

GSA Contract #: 47QSMS24D004C

### 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](mailto:customer.service@keilhauer.com)