FAX ORDER FORM

Twin Valley Co-op Ltd. Order Form
Fax: 1-204-773-2995
Email: s.bily@twinvalleycoop.ca

DATE: _____

BILL TO:
Customer Name: _____
Address: _____
Town: _____
Postal Code: _____
Contact Person: _____
Phone: _____
Comments: _____

SHIP TO:
Ship To Name: _____
Address: _____
Town: _____
Postal Code: _____
Purchase Order _____
Ship Via: _____
☐ DHL ☐ Purolator
☐ Bus ☐ Mail

QUANTITY	PART NUMBER	DESCRIPTION