

# ORDER FORM

## Viceroy International Forms

Tel:(416)588-0077

Fax:(416)538-0747

Office use only:

266 Roncesvalles Ave., Toronto, ON, M6R 2M1

Sales Order#

Purch.Order #

Emergency  
  Rush  
  Critical  
  Normal  
  Routine

**1. Approved:** \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

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

**2. Please fill in:** Software: \_\_\_\_\_ \* Please fill in date required: \_\_\_\_\_  
 New order  
  Repeat order  
  Exact  
  With changes  
 Previous Order No. \_\_\_\_\_

Ref letter	Form Number	Description (e.g.cheque,inv,etc)	Form type (e.g.continuous,laser)	No.of parts	Start No.	Qty	Base Amount
A							
B							
C							

**3 Options** see description of options in Price list. Important: When ordering options see Ref.letter from 2.

Ref	Logo(kind)	Ink colour(s)	Others (please specify)	Amount
A				
B				
C				

**Shipping instructions:**  
  Customer pickup  
  Other \_\_\_\_\_  
 Ship by Air Courier  
  Ship by Ground Courier  
**Ship by Canada Post**  
  Priority Courier  
  Xpresspost  
  Regular Post  
 Ship on Customer Account # \_\_\_\_\_ via: \_\_\_\_\_

	Shipping & Handling
	Subtotal
	PST
	GST
	Total

**4 Personalized Information:**

A sample cheque marked "VOID" or a MICR sheet from your bank is required to process your cheque order.

Make sure the information is up to date. The information will appear as you show it.

Background colour:  
  blue #287  
  green #348  
  burgundy #220  
  red #185  
  brown #168  
  gray  
  other \_\_\_\_\_

**5 Shipping, Billing & Mailing Information:**

<p><b>Bill to:</b> Company: _____</p> <p>Address: _____</p> <p>City/Prov/Code: _____</p> <p><b>Ship to:</b> Company: _____</p> <p>Street address: _____</p> <p>City/Prov/Code: _____</p>	<p><b>Contact:</b> _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p> <p><b>Mail invoice to:</b></p> <p> <input type="radio"/> Billing address                               <input type="radio"/> Shipping address  <input type="radio"/> Other: _____                         </p>
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**6 Payment Terms:** Credit Card or cheque with order. No COD orders. Credit available for approved accounts.

I will be paying by:  
  Mastercard  
  Visa  
  Approved cheque  
  Other  
 **Payment w/order**

Name of cardholder	Card Number:	Exp.Date:
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