

Purchase Order

		Sales Rep.	
COMPANY NAME			
CONTACT NAME			
SHIPPING ADDRESS			
PHONE		FAX NUMBER	
QUOTATION DATE		QUOTATION NUMBER	

ITEM #	DESCRIPTION	UNIT PRICE	QTY	PRICE
Shipping	Purolator	SHIPPING FEES		
	Greyhound Ground			
	Canada post	TAX		
	UPS			
		TOTAL (CAD)		

I (printed name) _____ give my permission to CCTV Solutions Ltd. to charge my credit card/s listed below for merchandise offered by CCTV Solutions Ltd. of above QUOTATION (quotation number: **E-mail**).

VISA MASTERCARD

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____ CVC Security Number: _____

CARD HOLDER NAME: _____

AUTHORIZED SIGNATURE: _____ Date: _____