

# 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: \_\_\_\_\_