



**Order Form (Rev 3.0)**

**Please provide the information requested below.**

**Fax it to 1 905-602-9279 or email to [sales@axiomatic.com](mailto:sales@axiomatic.com).**

**1. Company Information**

Primary Contact:	
Company:	
Address 1:	
Address 2:	
City/State/Zip:	
Country:	
Email:	
Phone:	
Fax:	
<b>Purchase Order #:</b>	

**2. Corporate Billing Information**

Name:	
Title:	
Company:	
Address 1:	
Address 2:	
City/State/Zip:	
Country:	
Phone:	
Fax:	
A/P Contact:	
A/P Phone:	
A/P E-mail*:	
<b>Type of Business*:</b>	<p><b>Please CIRCLE one type.</b></p> <p>OEM, System Integrator, Distributor, End User, Other</p>

\*Is required for our automated invoicing system

**Axiomatic Technologies Corporation**  
 5915 Wallace Street, Mississauga, Ontario Canada L4Z 1Z8  
 TEL: +1 (905) 602-9270 FAX: +1 (905) 602-9279 E-mail: [sales@axiomatic.com](mailto:sales@axiomatic.com)  
[www.axiomatic.com](http://www.axiomatic.com)



### 3. Ship To Address

Attention:	
Company:	
Address 1:	
Address 2:	
City/State/Zip:	
Country:	
Email:	
Phone:	
Fax:	
<b>E-mail to send Package Tracking Information*:</b>	
Delivery Date Requested:	
<b>Delivery Terms – INCO</b>	<b>EX-works</b>
<b>Delivery Terms - Collect:</b>	<p><b>Please select your preferred carrier and provide the account number and shipping method.</b></p> <p>____ Ship COLLECT</p> <p>Shipping Courier name and account #: _____</p>
<b>Delivery Terms – “Prepay and Add” on the invoice.</b>	<p>The default shipping service is UPS, prepaid and added to the invoice. Please select the preferred service.</p> <p><u>Canada:</u></p> <p>____ UPS Ground</p> <p><u>USA:</u></p> <p>____ UPS Express</p> <p>____ UPS 3 Day Select (1-4 Days for Canada)</p> <p>UPS International Ground service is NOT available for prepay and add delivery terms.</p> <p><u>International:</u></p> <p><i>(The shipping services below may not be available in for your area.)</i></p> <p>____ UPS Worldwide Express</p> <p>____ UPS Worldwide Express Saver</p> <p>____ UPS Worldwide Expedited</p>

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## Product Order

Part #	Description	Quantity	Currency (\$CDN, \$USD, GBP or EUR)	Unit Price	Total
SUBTOTAL					
SHIPPING <i>(For "Prepay and Add" purchases, request a quote from Axiomatic.)</i>					
TOTAL excluding taxes					

**Payment Terms:** Choose payment options from the following.

\_\_\_\_\_ Net 30 Days (Established Accounts Only)  
*(For net 30 orders, we prefer to receive a PO. Credit references should be provided for new accounts requesting net 30 days payment terms.)*

\_\_\_\_\_ Credit Card (Advance Payment) – MC, VISA or AMEX  
*PLEASE complete the next page for credit card authorization.*

\_\_\_\_\_ Bank Wire Transfer (Advance Payment)  
*We can provide a Pro-Forma Invoice.*

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CREDIT CARD AUTHORIZATION FORM

**One Time Use**

Please complete this authorization and return to us. All information will remain confidential.

Company Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

Shipping Address: See Section 3 – Ship to Address

Phone Number: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

Card CVV (3 digits located on the back of the card): \_\_\_\_\_

Amount to Charge: \_\_\_\_\_

Send Credit Card Receipt/Invoice to (email): \_\_\_\_\_

**By signing this form, you authorize Axiomatic Technologies Corporation to charge your credit card provided above for the amount provided above.**

Name (printed): \_\_\_\_\_

Signed: \_\_\_\_\_

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

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