



WWW.FLEXXIFINGER.COM

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Assiniboia SK CANADA S0H 0B0  
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**ORDER FORM**

Country:      

Date: \_\_\_\_\_ PO#: \_\_\_\_\_

Ship via: \_\_\_\_\_ Ship Acct.: \_\_\_\_\_

Ordered by: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_  Email invoice Fax: \_\_\_\_\_  Fax invoice

**SOLD TO:**


**SHIP TO:**


Business or residential address:  Business  Residential

Forklift onsite?  Yes  No

Hours of operation: \_\_\_\_\_ Desired delivery time: \_\_\_\_\_

**NOTES/DETAILS:**

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PART #	DESCRIPTION	QTY	PRICE

**SHIPPING DETAILS:**

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

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

**INVOICE DETAILS:**

Invoice number: \_\_\_\_\_

CC: \_\_\_\_\_