Triform

FAX ORDER FORM

DATE OF PURCHASE ORDER:	PERSONAL CUSTOMER ACCOUNT NUMBER: _____
PURCHASE ORDER NUMBER:	

SHIP TO:

ATTENTION OF: _____

ORGANIZATION: _____

DEPARTMENT: _____

STREET ADDRESS: _____

CITY/TOWN: _____ PROVINCE/TERRITORY: _____ POSTAL CODE: _____

SPECIAL DELIVERY INSTRUCTIONS: _____

INVOICE TO: ❑ SAME ADDRESS AS SHIP TO

ATTENTION OF: _____

ORGANIZATION: _____

DEPARTMENT: _____

STREET ADDRESS: _____

CITY/TOWN: _____ PROVINCE/TERRITORY: _____ POSTAL CODE: _____

PAYMENT METHODS:

❑ Cheque ❑ VISA ❑ MasterCard ❑ American Express Card #: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: MM YY

❑ Bill my Carswell Account #: ☐☐☐☐☐☐☐ P.O. #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Cardholder's Name (Please Print): _____

Fax: ( )_____ Email Address: _____

Tel.: ( )_____ ext. _____ Signature: _____

MY ORDER:

QTY	PRODUCT DESCRIPTION	UNIT PRICE

Shipping and handling are extra. Prices subject to change without notice and subject to applicable taxes.

TRIFORM MAILING ADDRESS:

Attention: Triform Specialist
Triform (Thomson Reuters)
2075 Kennedy Road, Toronto, ON Canada M1T 3V4
Telephone: 416-226-6000

TO PLACE YOUR ORDER: FAX TOLL-FREE 1-800-563-1666