

ORDER FORM

ORDER



ORDER NO. _____

DATE _____

CUSTOMER INFORMATION

NAME _____

COMPANY _____

PHONE NO _____

EMAIL _____

ADDRESS _____

ORDER DETAILS

NO.	ITEM DESCRIPTION	QTY	PRICE	SIZE	TOTAL
				TOTAL	

ORDER STATUS (OFFICE USE ONLY)

STARTED COMPLETED DELIVERED

DELIVERY DETAILS

METHOD	
DATE	
TRACKING NO	
DATE RECEIVED	

PLEASE SEND TO:

TOWNSHIP OF PICKLE LAKE OFFICE
2 ANNE ST S,
PICKLE LAKE, ON
P0V 3A0