Hartley &Marks PUBLISHERS INC.

Creators of **Paperblanks®** and **Paperplus®**

CANADIAN ORDER FORM

Please send completed form to:
Fax No. 1-800-707-5887 or pbdesk@hartleyandmarks.com

Customer Number: 00- _____ **PO Number**: _____

Customer Name: _____ Tel.: _____ Fax: _____

Contact Name: _____ E-mail: _____

Sales Rep: _____ Website: _____

Order Date (mm/dd/yy): _____/_____/_____ **Ship Date (mm/dd/yy):** _____/_____/_____

Billing Address:

_____

_____

_____

Shipping Address:

_____

_____

_____

Payment Terms*:

☐ Net 30 Days

☐ Credit Card Prepay

Credit Card Information: ☐ M.C. ☐ Visa

No.: _____ Exp. _____

Cardholder's Name: _____

Special Instructions: _____

_____

_____

Backorder Titles: ☐ Yes ☐ No ☐ New Titles

Minimum Order Quantity:
:: 10 units in total :: 2 units per ISBN

ITEM NO.	DESCRIPTION	QTY	RETAIL COST	EXT. PRICE
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
_____	_____	x _____	$ _____	$ _____
			SUBTOTAL	$ _____

*Refer to Catalogue page 63 for journal & dayplanner policies.

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CANADIAN ORDER FORM

PO Number: ______________________

Customer Number: 00- ______________ **Customer Name:** ______________________

ITEM NO.	DESCRIPTION	QTY	RETAIL COST	EXT. PRICE
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
		x	$	$
			Subtotal	$
			Less Discount	
			Total	$

*Refer to Catalogue page 63 for journal & dayplanner policies.