RESTAURANT EQUIPMENT LIMITED

OP	
OF	

231 KING STREET EAST • TORONTO • ONTARIO M5A 1J9 • TEL. (416) 368-8657 • FAX. (416) 368-3627

ORDER TAKEN BY

SOLD TO:						DATE:				
					ORDER #			PICK UP		
				-	C.O.D.] CHAR	GE 🗆	DELIVERY	Y [
PICKED	QTY ORDERED	PRODUCT CODE		DESCRIPT	TION		PR	ICE DISC	OUN	
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				INVOICE NUM	BER	INVOICE DATE	NUMB	ER OF CARTONS	s	
								12		

PACKED BY

Instructions for filling out the fax form:

Sold to: Company Name

Address (in full)

Order#: PO number, or name

OP: Do not use - Office use only

Date: Order Date

Pick Up\Delivery: Check (✓) – Minimum for delivery is \$250.00 in the GTA

COD\Charge: Do not use - Office use only

Quantity ordered, product Code, if available, and description of item need to be filled out.

Invoice #: Do not use - Office use only
Invoice Date: Do not use - Office use only
Number of Cartons: Do not use - Office use only
Order Taken By: Do not use - Office use only
Packed By: Do not use - Office use only