LODORE SALES ORDER FORM - Email all orders to orders@lodore.ca

Financial Institution Number:

Billing Address:

Signature:



Dealer Number # (Required Field *)	For more information please visit www.Lodore.ca Tel.: +1 289-477-0233 Fax.: +1 289-477-0300 Email: info@lodore.ca Toll Free: +1 844-409-0888
Sold To	Ship To
Company Name	Company Name
Address	Address
City	City
St / Zip	St / Zip
Contact Name	Contact Name
Phone:	Phone:
Email:	Friorie:
Lodore of any change to my credit car Name on Card:	A or Master card for the payment of my invoice. I agree to notify rd information.
Card Number:	
Expiration Date: Billing Address:	Security Code:
Option 2 – Pre-authorization Payment	
	equing account for the payment of my invoice. This authorization is ller Number. I agree to notify Lodore of any change to my chequing
Name (Print):	
Account Number:	

Date:

Transit Number

Line # QTY Product Name Model # or Des	cription Unit Price	Ext Price
1 1		

^{**} For joint accounts where more than one signature is required on cheques, please have all account holders sign and attach a void cheque.

Any returned payments will be subject to an administrative fee of \$20.00

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4			
5			
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7			
8			
9			
10			
		Sub total	

Special comments:	 	 	
-			