

BILLING

Business Name:

Address:

City, Province:

Postal Code:

PST Exempt? No Yes. Please provide your PST Exempt #:

PURCHASER

Full Name:

Email:

Phone:

SEND INVOICE TO

Purchaser: Details above.

Accounts Payable: Provide details below.

Other: Provide details below.

Full Name:

Email:

Phone:

PAYMENT METHOD

Cheque: Made to "Century Sign Systems Ltd". Please **include order#** in the Memo/Notes.

E-Transfer: Email to **admin@centurysigns.com**. Please **include order#** in the Notes.

Credit Card: Fill a [credit card authorization](#) form. Call in to pay by credit card.

EFT (Direct): See our banking details [here](#).

Sales Rep: _____