

Dr Robot Fax Order / Quotation Request Form

Fax: 905.943.9197

Company / Name: _____ Formal Quotation Request
 PO #: _____

Address: _____

City: _____ State: _____

Country: _____ Postal / Zip code: _____

Phone: _____ Fax: _____

Email: _____ Buyer: _____

Payment Method:

- Visa
- Master Card
- Prepay
 - By Check
 - By Wire Transfer
- P. O. (Net 30)

Credit Card #: _____	Exp. Date: _____
Name on Card: _____	
Phone # On Card*: _____	
Credit Card Billing Address: _____	
<input type="checkbox"/> Billing address same as shipping address	
Card Holder Signature : _____	Date: <u>MM/DD/YYYY</u>

* Phone number of bank printed on back of credit card. Usually toll-free number

Qty: _____ Part #: _____

Qty: _____ Part #: _____

Qty: _____ Part #: _____

Qty: _____ Part #: _____

Qty: _____ Part #: _____

Comments: _____

Shipping Method: Express Standard

Your Carrier (Optinal): UPS FedEx _____ Carrier Account #: _____

* ALL DUTIES & TAXES ARE THE CUSTOMERS' RESPONSIBILITY.



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