



ORDER FORM

DATE: _____ ORDER NO: _____

TO: COLDFLOW, Springvale.

FROM: _____

ATTENTION: Taryn, Daniel

COULD I PLEASE ORDER THE FOLLOWING UNITS:

QTY:	MAKE:	MODEL:	PRICE:

DELIVER / PICK-UP (PLEASE CIRCLE ONE)

IF DELIVER:

ADDRESS: _____

DATE OF DELIVERY: _____

DELIVERY: _____