

**ASTRA M GROUP LTD.**

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**PARTS ORDER FORM****Date:** \_\_\_\_\_**BILL TO:****P.O #** \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SHIP TO:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**SHIPPING:**Astra M Group's Acct. & Invoice us: Ship on a customer account: 

Shipping Company \_\_\_\_\_

Account # \_\_\_\_\_

Line #	Quantity	Part #	Description	Unit Price	Total Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				<b>Sub Total:</b>	

**Method of Payment:**

Authorized Signature: \_\_\_\_\_

 VISA

Card Number: \_\_\_\_\_

 MasterCard

Exp. Date: \_\_\_\_\_

 American Express

CVV Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_