LANCER PRODUCTS ORDER FORM



NAME: ADDRESS: CITY: PROVINCE: POSTAL CODE: ATTN: PHONE #: FAX #:	SUBTOTAL: SHIP BY DATE: ACCT. #: P.O. #: SALES REP:	SHIPPING SERVICE: Puro Ground Bus Local Delivery Puro Air Mail Ground Pickup
ITEM CODE	PRODUCT NAME	QUANTITY LOT#ORBATCH#