OUR REMIT TO ADDRESS:
DIEMOULD SERVICE COMPANY
1875 BLACKACRE DRIVE
OLDCASTLE, ONTARIO N0R 1L0
P-(519)734-6743 OR
1-800-265-4885
MOE@DMSCOMPONENTS.COM
WWW.DMSCOMPONENTS.COM

DATE _____

FULL COMPANY NAME _____

MAILING ADDRESS:

_____
_____
_____
_____

POSTAL CODE: _____

SHIPPING ADDRESS:

_____
_____
_____
_____

POSTAL CODE: _____

PHONE #: (_____)-_____-_____

FAX #: (_____)-_____-_____

IF SHIPPING ON CUSTOMER ACCOUNT:

CARRIER: _____

ACCOUNT #: _____

INCORPORATED (x):
YES_____ NO _____

CREDIT AMOUNT REQUIRED: _____

GHS/HST #: _____

INVOICE PREFERENCE (x):
MAIL ___ E-MAIL ___

CONTACTS

A/P - _____(NAME)
_____ (E-MAIL)

PURCHASING - _____(NAME)
_____(E-MAIL)

STANDARD TERMS: **N/30**

IT IS UNDERSTOOD AND AGREED THAT ALL INVOICES WILL BE PAID WITHIN THE TERMS, NET 30

REFERENCES

COMPANY NAME	_____	_____	_____
ADDRESS	_____	_____	_____
CITY	_____	_____	_____
PROV. / STATE	_____	_____	_____
POSTAL / ZIP CODE	_____	_____	_____
PHONE	_____	_____	_____
EMAIL	_____	_____	_____
	_____	_____	_____