

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:

SHIPPING ADDRESS:

POSTAL CODE: _____

POSTAL CODE: _____

PHONE #: (____) - ____ - _____

FAX #: (____) - ____ - _____

IF SHIPPING ON CUSTOMER ACCOUNT:

CARRIER: _____

ACCOUNT #: _____

INCORPORATED (x):

YES _____ NO _____

CREDIT AMOUNT REQUIRED: _____

FEIN/Tax ID#: _____

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

_____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____
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