

OPUS CUSTOMER ORDER FORM

I WOULD LIKE TO ORDER THE FOLLOWING SUPPLIES:

| ITEM DESCRIPTION (PLEASE INDICATE SIZE, COLOUR, BRUSH SHAPES OR ANY OTHER PERTINENT DETAILS) | QUANTITY | PRICE |
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PLEASE NOTIFY ME ABOUT OUT-OF-STOCK ITEMS. PLEASE BACK-ORDER OUT-OF-STOCK ITEMS. I DO NOT REQUIRE ANY BACK-ORDERS.

CUSTOMER INFORMATION:

CUSTOMER NAME: _____ OPUS CUSTOMER NUMBER: (IF KNOWN) _____

COMPANY OR SCHOOL: _____

ADDRESS: _____ (PLEASE INCLUDE ALL PERTINENT ADDRESS INFORMATION INCLUDING UNIT OR APARTMENT NUMBER)

AREA CODE & TELEPHONE: _____ FAX: _____ E-MAIL: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

SHIPPING OR PICK-UP INFORMATION: (If different from above)

CONTACT NAME, COMPANY OR SCHOOL: _____

SHIP-TO ADDRESS: _____ (PLEASE INCLUDE ALL PERTINENT ADDRESS INFORMATION INCLUDING UNIT OR APARTMENT NUMBER)

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PREFERRED SHIPPING METHOD: (IF APPLICABLE)

I PREFER TO PICK-UP MY PURCHASE AT: GRANVILLE ISLAND LANGLEY KELOWNA VICTORIA NORTH VANCOUVER

PAYMENT INFORMATION FOR MAIL ORDERS:

PLEASE CHARGE TO MY OPUS ACCOUNT NUMBER: _____ P.O. NUMBER: _____ VISA MASTERCARD

PLEASE CHARGE TO MY VISA / MASTERCARD NUMBER: _____ EXPIRY DATE: (MM/YY) _____

ADDITIONAL PAYMENT INSTRUCTIONS: _____

PLEASE NOTE: APPLICABLE TAXES, SHIPPING AND HANDLING FEES WILL BE APPLIED TO YOUR ORDER AT THE TIME OF PROCESSING.

WORK ORDER INFORMATION: (TO BE COMPLETED BY OPUS)

DATE RECEIVED: _____ WORK ORDER # _____ SALESPERSON _____

PLEASE FAX COMPLETED FORM TO 604-435-9941