



PROTEC EQUIPMENT CANADA

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www.protecequipment.ca

PARTS ORDER FORM

Customer information	Equipment			
Company name:	Equipment type:			
Contact person:	Model:			
Address:	Production year:			
	Comments:			
Phone:				
Fax:				
E-mail:				
Method of payment	Parts list			
On existing account	Part number	Description	Quantity	Position on drawing
Cheque				
Credit card				
Name on the card:				
Card number:				
Expiry date:				
Billing address:				
Cash				
Signature	Send by e-mail			
	Print and fax			