



DROPSHIP CUSTOMER ORDER FORM

www.eagle-research.com • FAX: 250 / 492-7480 • order desk: 250 / 492-7400

(please print)

Customer Name _____ DropShip Dist.Name _____

Cust. Address _____

Prov/State _____ Country _____ Postal/Zip _____

Email _____ FAX _____

ITEM NAME / DESCRIPTION	QTY	UNIT COST	TOTAL
	X		=
METHODS OF PAYMENT <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> PayPal <input type="checkbox"/> Money Order <input type="checkbox"/> Bank Draft Credit Card # _____ Signature _____ Expiry _____ Date _____		Subtotal \$ _____ Shipping (add 10%) of subtotal \$ _____ Mandatory Traceable Per *Package (\$7.00) \$ _____ Canadian Residents ONLY - GST 7% PST 7% \$ _____ Outside US/Canada ONLY - Mandatory \$25.00 \$ _____ FINAL TOTAL (US FUNDS) \$ _____	

OFFICE USE ONLY

Date rec'd
Rec'd by (INIT)
Paid with
Data Base (INIT)
Ship Date
Tracking #

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