

# YWB

## Decorative Iron Supplier Inc.

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### Customer Order Form

Company Name/Personal Name:	
Contact:	
E-mail:	
Telephone No:	Fax No:
Company Address:	Shipping Address:
Province/State:	Province/State:
City/Town:	City/Town:
Country:	Country:
Postal code/ZIP:	Postal code/ZIP:
Item No:	Quantity:
Item No:	Quantity:
Item No:	Quantity:
Item No:	Quantity:
Item No:	Quantity:
Item No:	Quantity:
Item No:	Quantity:
Comments:	
Payment Type:	
<b>Visa</b> <input type="checkbox"/> <b>MasterCard</b> <input type="checkbox"/> <b>Cheque</b> <input type="checkbox"/> <b>C.O.D.</b> <input type="checkbox"/> <b>Cash</b> <input type="checkbox"/>	
Credit card number: _____	
Expiry date: _____	
Card holder name(print): _____	
Verification number on the back of the credit card: _____	
Detailed address and phone number when you applied your credit card: _____	
_____	
Card holder signature: _____	

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**Tel: (416) 991-1618**

**www.y-wb.com**  
**Fax (416) 412-2249**