

Wholesale Bill of Sale

ORDER FORM

SOLD TO:

MEMBER NAME: _____		MEMBER #: _____	
CONTACT NAME: _____		EMAIL ADDRESS: _____	
TELEPHONE #: _____	CELL #: _____	FAX #: _____	
SHIP TO (IF DIFFERENT THAN ADDRESS BELOW): _____			
METHOD OF PAYMENT:		CREDIT CARD INFORMATION	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	CARD #: _____	
<input type="checkbox"/> CHEQUE		NAME ON CARD: _____	
<input type="checkbox"/> INVOICE ME		EXPIRY DATE: _____ 3-DIGIT CVV CODE (on back of card): _____	

PRICING

IMPRINTED			
<input type="checkbox"/>	125	\$ 55.00	_____
<input type="checkbox"/>	250	\$ 70.00	_____
<input type="checkbox"/>	500	\$ 120.00	_____
ONE TIME SET-UP COST		<i>(Not payable on subsequent orders)</i> \$ 25.00	
NON-IMPRINTED			
<input type="checkbox"/>	100	\$ 22.50	_____
<input type="checkbox"/>	200	\$ 35.00	_____
<input type="checkbox"/>	500	\$ 80.00	_____
SHIPPING ... All Orders		\$	15.00
SubTotal		\$	_____
Add 13% HST		\$	_____
Grand Total		\$	_____

IMPRINTED FORMS INFORMATION:

PRINT CLEARLY: The information you give is what will appear on your order.
IMPRINTED FORMS INCLUDE: Your Dealership Name, Address, Telephone, Fax, HST # and Dealer #. **SORRY, NO LOGOS.**
"CUSTOM IMPRINTING": ADDITIONAL IMPRINTED INFORMATION WILL BE CHARGED AT \$10.00 PER LINE. PLEASE SUPPLY COPY ON SEPARATE PAGE.

Please specify whether you want the Selling Dealer or Buying Dealer portion imprinted.
 (Yes, you can split your order 50/50 between Selling & Buying Dealer for orders of 250 & 500).

LEGAL NAME (IF CORPORATION): _____ Selling Dealer Buying Dealer

TRADE STYLE / BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DEALER #: _____ TEL #: _____ FAX #: _____ HST#: _____

NON-MEMBERS

YES! I would like to become a UCDA member. Please sign me up via Credit Card (VISA or MasterCard) or enclosed Cheque. I am aware the total, annual fee is just \$259.90 (\$230.00 + \$29.90 HST).