



Sales Order Form



Please complete this form and fax it to 1-888-505-2522 or email it to order@castlebaysinks.com to process the order.

Company Name: _____ Date: _____
 Your Name: _____ Sales Rep.: _____
 Address: _____
 City _____ Postal Code _____ P.O.order: _____
 Phone: _____ Fax: _____ Email: _____

	Description	QTY	Rate	Amount
1				
2				
3				
4				
5				
6				
7				
8				

Subtotal	
HST	
Total	

Credit Card Payment Authorization

Check Off Credit Card Type:  

I authorize Castle Bay Sinks to charge my credit card.

Option 1: _____ This Transaction Only \$ _____

Note: Subsequent purchases to this credit card a new form is required to be completed your order.

Option 2: _____ Future Transactions with my order(s)

Note: For future order, you would NOT need to fill out this form again. If you would like to stop this option, please notify us by email your instructions to sales@castlebaysinks.com.

Name on Card _____ Expiration (Month/Year) _____

Credit Card Number _____

Verification Code _____ (last 3 or 4 digits on the back of the card)

Cardholder's Signature: X _____

Cardholder will pay card issuer below amount pursuant to cardholder agreement.

We regret that failure to provide Castle Bay Sinks with the above will result in your order "not" being processed. We will only ship out the products after the credit card has been authorized.