



PURCHASE ORDER

Mail • Fax • Email • Phone in all Orders

HEART STARTERS

Billing Information:

Name _____
 Company _____
 Address _____
 City, Province Postal Code _____
 Phone _____

Ship To:

Name _____
 Company _____
 Address _____
 City, Province Postal Code _____
 Phone _____

P.O. DATE	P.O. NUMBER	HS ACCOUNT #	SHIPPED VIA	TERMS

QTY	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL	
SALES TAX	
SHIPPING & HANDLING	
TOTAL	

Payment Options:

◇ Bill my Heart Starters Account

Credit Card: ◇ VISA ◇ Mastercard

Card Number: _____ Expiry: _____

Name On Card: _____

Authorized By: _____ Date: _____

www.heartstarters.net