

ORDER DATE		ACCOUNT NO.		REP	PROMISE DATE	ORDER NO.	
SOLD TO				SHIP TO			
CODE						CODE	
ATTENTION:				ATTENTION:			
CREDIT				PURCHASE ORDER NO.		AREA PHONE	FACSIMILE
PLACED BY			TITLE / DEPARTMENT			H.S.T.	
QUANTITY	PRODUCT NO.	PRODUCT NAME	PRODUCT DESCRIPTION	PRICE	UNIT	AMOUNT	
1	0   R   S   0   8	AutoStamp™	MD- _____ <input type="checkbox"/> Black <input type="checkbox"/> Red		E   A		
1	0   R   S   0   8	AutoStamp™	MD- _____ <input type="checkbox"/> Black <input type="checkbox"/> Red		E   A		
1	0   R   S   1   8	Replacement Pad	MD- _____ <input type="checkbox"/> Black <input type="checkbox"/> Red		E   A		

**MD-11E**

AS-400 AutoStamp™ Self-Inker  
PM40 Replacement Pad

**MD-14B**

AS-120 AutoStamp™ Self-Inker  
P5205 Replacement Pad



**McDonald's Restaurants Unit 8134**  
**85-89 Yonge Street**  
**TORONTO, Ontario**  
**M5C 1S8**

**MD-18E**

AS-600 AutoStamp™ Self-Inker  
PM60 Replacement Pad

**MD-17E**

AS-530 AutoStamp™ Self-Inker  
E/53 Replacement Pad



*Pads  
Inked  
Black  
or  
Red*

**MD-19E**

AS-500 AutoStamp™ Self-Inker  
E/50 Replacement Pad

**APPROVED BY**

Scheduling Manager \_\_\_\_\_

Store Manager \_\_\_\_\_

Operations Consultant \_\_\_\_\_

**MD-15E**

AS-550 AutoStamp™ Self-Inker  
PM55 Replacement Pad

RESTAURANT # 8430 ACCT. _____
DATE APPROVED _____
APPROVED FOR PAYMENT _____
MANAGER
REVIEWED BY ACCOUNTING _____

SHIPPING	
SUB TOTAL	
H.S.T.	
<b>TOTAL</b>	

**TERMS OF SALE**

**Taxes:** HST Extra.  
**Payment Terms:** Net 30 days.  
**F.O.B:** Our plant. Shipping charges are added to your invoice.  
**Returns:** All claims for replacement, shortages, etc. should be made within 10 days of receipt of goods.  
**H.S.T.** Registration No. R105324800.  
NO MINIMUM INVOICE.

Order on-line at ...



[www.mcbadge.ca](http://www.mcbadge.ca)

SHIP VIA	DS <input type="checkbox"/>
PICK-UP PHONE <input type="checkbox"/>	DATE <input type="checkbox"/>
RECEIVED BY _____	

☐ Please include additional Forms - TS-006 (04/01/15)

Let us show you how fast we are. This FAX Order Form goes directly to our plant. Please print clearly using a black felt pen for best transmission quality.

SHIPPED DATE	SHIPPED VIA	SHIPPING AMOUNT	INVOICE NUMBER
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In Toronto:

Outside Toronto:

E-mail:

**Toronto Stamp Inc.**

**Fax: (416) 368-2478**

**Fax: 1-800-637-5814**

[mcdonalds@torstamp.com](mailto:mcdonalds@torstamp.com)

**120 Midwest Road**  
**Toronto, Ontario M1P 3B2**

**Phone: (416) 368-7022**

**Phone: 1-800-637-5813**