Kaydan Sensory Solutions

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BILL TO:	
Company name	
Address	
City, State/Province, Zip/Post cod	de
Country	
Attention To:	

SHIP TO: (if different)

Purchase Order
P/O #:
Date:

Product no	Description	Quantity		Amount
			\$0.00	
				.
0			Sub Total:	\$0.00
Comments			Shipping:	\$0.00
			Sub Total: GST %	\$0.00
			PST % HST %	
			Grand Total:	\$0.00
		l	Granu rotal:	ФО.00

Terms & Conditions

Please add any applicable taxes to subtotal.

Please inspect the goods after the delivery, any damages or discrepancies to the order must be reported within 5 days after the receipt of the goods.