The Coast Paint Group
Fax Order Form

PLEASE PRINT CLEARLY.

Company: _____ Cuatomer No.: _____

Contact Person:_____ P.O. No.: _____

Tel: _____ Fax: _____ Date: _____

Page _____ of _____

Product Number	Pails 20l	Gals 4l	Qrts. 1l	½ pt. 250ml	Product Number	Pails 20l	Gals 4l	Qrts. 1l	½ pt. 250ml

Please fax order form to the appropriate locations:
Vancouver (604) 874 3650
Delta (604) 940 1160
White Rock (604) 531 4919

Thank you.

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