



SALES ORDER (CO)

Account #

New Account ☐ Yes ☐ R/O

Page # _____ of _____

SOLD TO:

SHIP TO:

E-mail:

BUYER

Phone
(REQUIRED)

Signature
(REQUIRED)

Fax
(REQUIRED)

DATE _____

SALESPERSON

TERMS All first time orders Credit Card

CUSTOMER PO #	
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SHIP DATE (Optional)

CANCEL DATE (Optional)

[illegible]

Special Instructions:

TOTAL**Credit Card #**

Exp:

This Sales Order is subject to the Terms and Conditions of *IMAX Corporation* as stated on the back of this form. All back orders over \$50 are shipped unless indicated. Cancellations must be made in writing 10 days prior to ship date.