

P.O. Box 472188, Tulsa, OK 74147 USA 1-800-886-IMAX E-mail: mail@imaxcorp.com

|          | SALES URDER (CO)                  |                        |       |  |  |  |  |  |  |  |  |  |  |
|----------|-----------------------------------|------------------------|-------|--|--|--|--|--|--|--|--|--|--|
| Nev      | rce<br>ount #<br>v Account<br>e # |                        |       |  |  |  |  |  |  |  |  |  |  |
|          |                                   |                        |       |  |  |  |  |  |  |  |  |  |  |
|          |                                   |                        |       |  |  |  |  |  |  |  |  |  |  |
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|          |                                   |                        |       |  |  |  |  |  |  |  |  |  |  |
| SHIP DAT | E (Optional)                      | CANCEL DATE (Optional) |       |  |  |  |  |  |  |  |  |  |  |
| Number   | Unit (                            | Cost                   | TOTAL |  |  |  |  |  |  |  |  |  |  |
|          |                                   |                        |       |  |  |  |  |  |  |  |  |  |  |
|          |                                   |                        |       |  |  |  |  |  |  |  |  |  |  |
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Exp:

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| BUYEI                   | 3              |      |              |   |          |   |   |                            |               |      | F   | hone       | )                    |    |          |   |                        |    |     |   |  |  |   |  |
| Signature<br>(REQUIRED) |                |      |              |   |          |   | F | (REQUIRED)  Fax (REQUIRED) |               |      |     |            |                      |    |          |   |                        |    |     |   |  |  |   |  |
| DATE SALESPERSON        |                |      |              | TERMS All first time orders Credit Card |          |   |   | C                          | CUSTOMER PO # |      |     |            | SHIP DATE (Optional) |    |          |   | CANCEL DATE (Optional) |    |     |   |  |  |   |  |
| Qty. Item Num           |                | mbei | ber Unit Cos |   | st TOTAL |   |   | Qty.                       |               | Item | Nun | umber      |                      |    | Unit Cos |   | st TOTAL               |    |     |   |  |  |   |  |
|                         |                |      |              |   |          |   |   |                            |               |      |     |            |                      |    |          |   |                        |    |     |   |  |  |   |  |
|                         |                |      |              |   |          |   |   |                            |               |      |     |            |                      |    |          |   |                        |    |     |   |  |  |   |  |
|                         |                |      |              |   |          |   |   |                            |               |      |     |            |                      |    |          |   |                        |    |     |   |  |  |   |  |
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|                         |                |      |              |   |          |   |   |                            |               |      |     |            |                      |    |          |   |                        |    |     |   |  |  |   |  |
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|                         |                |      |              |   |          |   |   |                            |               |      |     |            |                      |    |          |   |                        |    |     |   |  |  |   |  |
|                         |                |      |              |   |          |   |   |                            |               |      |     |            |                      |    |          |   |                        |    |     |   |  |  |   |  |
|                         |                |      |              |   |          |   |   |                            |               |      |     |            |                      |    |          |   |                        |    |     |   |  |  |   |  |
|                         |                |      |              |   |          |   |   |                            |               |      |     |            |                      |    |          |   |                        |    |     |   |  |  |   |  |
|                         |                |      |              |   |          |   |   |                            |               |      |     |            |                      |    |          |   |                        |    |     |   |  |  |   |  |
| Specia                  | al Instruction | ons: |              |   |          |   |   |                            |               |      |     |            |                      |    |          | Т | ОТ                     | AL |     |   |  |  |   |  |
|                         |                |      |              |   |          |   |   |                            |               |      |     |            |                      |    |          |   |                        | l  |     |   |  |  |   |  |
| Credit                  | Card #         |      |              |   |          | _ |   |                            |               |      |     |            |                      |    |          |   |                        |    | Exp | : |  |  |   |  |

FAX TO: 918-249-1000

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.