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 Woodbridge, ON. L4H 3H9, Canada
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 E: changeprobiz@gmail.com

CP Agent Name _____

DISTRIBUTION ORDER FORM

CLIENT INFO:

Company Name _____ Date _____
 Company Email _____ Company # _____
 Contact Name ^F _____ ^L _____ Contact # _____
 Contact Email _____ FAX # _____
 Address _____ City _____ State _____ Postal Code _____
 Website _____ Facebook _____ Twitter _____
 LinkedIn _____ Google+ _____ Instagram _____
 Other Websites _____

ORDER DETAILS:

Item _____ Dimensions _____ Quantity _____
 Type of Distribution Direct Informative Targeted Sales
 Targeted Geographical Area, City, Street Names, Building, Place
 Location: _____
 Preferred Date/Time of Distribution _____ Due Date _____
 Distribution Schedule A Attached (For multiple distribution orders)

PAYMENT TERMS:

Payment Method _____ **All Orders must be paid in full before 'Change Promotions Inc,' delivers your order. All deposits are non-refundable.**
 Subtotal _____
 HST _____ CC _____ / _____ CC Type _____
number exp. code
 Total _____ Deposit _____ Balance _____

NOTES/SPECIAL DETAILS:

APPROVAL:

I _____ please print name _____ agree to the above details and give 'Change Promotions Inc.' approval to print this job. I also understand that if I don't follow the terms of this agreement that 'Change Promotions Inc.' will not release my job.
 Check box to agree OR _____ signature _____