	Date of Order:						_	
Company name: Address:								
VIA:	NMP 404 Wentworth St. N Hamilton, ON				Purchase Order #	Quote #		
	L8L 5W3							
Weig	nt (lbs.) Gauge Tol.		Width Tol.	Length Tol.	Processing Description		Price	
& Tag#							Quoted	
Max Skid Weight Max Bundle Weight Date Required								
Speci	al Instruction	s:						
Packa	aging Instruct	ions:						

SIGNED _____