



**ORDER COVER SHEET**

DATE: \_\_\_\_\_

**MAILING ADDRESS**

**SHIPPING ADDRESS**

COMPANY NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PROV / STATE: \_\_\_\_\_

PROV / STATE: \_\_\_\_\_

POSTAL CODE / ZIP: \_\_\_\_\_

POSTAL CODE / ZIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

CELLULAR: \_\_\_\_\_

CELLULAR: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

DEPOSIT AMOUNT SENT: \$ \_\_\_\_\_

TYPE OF VESSEL OR VEHICLE: \_\_\_\_\_

NAME OF VESSEL: \_\_\_\_\_

B.C. RESIDENTS: PROVINCIAL TAX NO. OR C.F.V. NO.: \_\_\_\_\_

U.S. RESIDENTS: FEDERAL I.D. OR SOCIAL SECURITY NO.: \_\_\_\_\_

PAINTED FRAMES:    YES        OR        NO        (PLEASE CIRCLE)

PAINT TYPE: \_\_\_\_\_

COLOUR: \_\_\_\_\_

PREFERRED FREIGHT COMPANY: \_\_\_\_\_

DO YOU WISH SHIPMENT INSURED:    YES        OR        NO        (PLEASE CIRCLE)

DO YOU WISH BUTYL TAPE SEALANT:    YES        OR        NO        (PLEASE CIRCLE)



**DIAMOND/SEA-GLAZE**

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