VIGIA® TIRE PRESSURE SYSTEMS

PARTS ORDER FORM

BILL TO	SHIP TO
COMPANY ……..……..……..	COMPANY …….
CONTACT NAME……	CONTACT NAME …..…..……..
ADDRESS ……	ADDRESS ……..……
……..……...	……..……
PHONE ...……..……	PHONE …..……..

CODE	DESCRIPTION	QTY.	PRICE EA.	TOTAL

P.O. #:	SUB TOTAL	
DATE:	GST/HST	
SIGNATURE:	**TOTAL**	

e-mail to commerce@vigia.ca

Fax: (416) 512-7275

1500 Avenue Road, P.O. Box 1352 - TORONTO - ONTARIO M5M 0A1

PLEASE COPY THIS PAGE