



Established
1982

1254 Boulevard Marcel Laurin • St-Laurent • Montreal • QC • Canada • H4R 1J7 Tel.: (514) 592-0005 • www.caferacerebikes.com

TO:

NAME: _____

INVOICE

ADDRESS: _____

INVOICE # _____

DATE: _____

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SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
					PREPAID

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL	
SALES TAX	
SHIPPING & HANDLING	
TOTAL DUE	

PAYMENT METHOD

I _____ hereby authorize Cafe Racer E-Bikes Inc. to debit my _____ card,

Visa, Mastercard

Number: _____ and expiration date: _____, CVV code: _____ for all purchases.

Signature: _____ **Title:** _____

Property of Ultracar until paid in full