

HI PRESSURE EQUIPMENT LTD.
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Bolondi Cleaning Head, Parts Order Purchase Questionnaire

We require the following information to finalize your purchase for all international transactions.

1.) Customer and Company Information

Company Name _____
Address _____
City / Town _____
State / Province _____
Zip / Postal Code _____
Contact _____
Contact Phone # _____
Email Address _____

2.) Company Business Number

Tax ID # _____

3.) Ship to address (If Different from above)

Address _____
State / Province _____
Zip / Postal Code _____

4.) If being purchased with Credit Card, we will need the following info to complete.

** Card Number to be called in By Card Holder when Form is received by Hi Pressure.

Card Holder's Name _____
Card Holder Address _____
State / Province _____
Zip / Postal Code _____
Contact Phone # _____
Credit Card # ** _____
Expire Date MM / YY Month _____ Year _____
on the Back of the Card _____

5.) We accept Visa, Mastercard, Bank Transfer, or Cheque

Choose Method ☐ Visa ☐ Master Card ☐ Bank Transfer ☐ Cheque

6.) GPM & PSI that You or Your Customer's Pressure Washer Produces is Very Crucial.

GPM _____
PSI _____

7.) Do you Want Shipping Insurance on your Order (usually 4 % of the Sale Price)

☐ Yes, to Insurance ☐ No, to Insurance

Thank You for your Purchase!