

**HOLOHIL SYSTEMS Ltd.**

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FOR OFFICE USE**Job#**
File#

To place an order, please print out a copy of this form, fill in all necessary areas, and fax/e-mail it to us.

TRANSMITTER

Model:	Quantity:	Delivery Date:
Model:	Quantity:	Delivery Date:
Weight:	Life:	Attachment:
Special instructions:		

ANIMAL

Species:	
Weight/Neck Size - Male:	Female:
Habitat:	Study Location:

FREQUENCY

Receiver Frequency Range(MHz):	Increments(kHz):	Model:
Frequencies to avoid:		

SHIPPING ADDRESS**BILLING ADDRESS**

Name:	Name:
Organization:	Organization:
Address:	Address:
Tel:	Tel:
Fax:	Fax:
E-mail:	E-mail:
Purchase Order No. (if applicable):	

FOR OFFICE USE

\$	Serial #
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