



Taheri Exchange

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Email: taheri@taherixchange.com **Web:** www.taherixchange.com

TaheriExchange

Please complete this form, print and fax it to our Toll free number at: 1-800-428-2916

Date: Invoice **(For Office Use Only)**

Sender's Information

First & Last Name: ID#: Passport: D.R.L
Citizenship: Perm,Res:

Date of Birth: Business Address:

Occupation: Home Phone: Bus: Cell: Fax:

Home Address:

Amount & Method of Payment

Cash: Cheque: Wire: Deposit: Account # Which you have transferred funds into:

*** required feilds**

Sender Paid	Currency	*Amount Pay to Reciever	*Currency	*Rate

Service Charge: _____ **(For Office Use Only)**

To: Sarrafi Taheri, 14 Daman Afshar Street, Abshar Complex, Unit 5 Tehran, Iran Tel: 98-21-878-6864

Receiver's Information

First & Last Name: ID#: Passport: D.R.L
Citizenship: Perm,Res:

Date of Birth: Business Address:

Occupation: Home Phone: Bus: Cell: Fax:

Home Address: City: Province:

Bank Information

Bank Name: Branch: Transit #: Account #:

Amount: **Signature:** _____

For Office use only

Broker: Reference Number: Comment: