



GENERAL ORDER FORM

Invoice to name:			Ship to:			
Mailing address:			Street address (please do not use post office box)			
City	Prov.	Postal code	City	Prov.	Postal code	
Ordered by:			Attention:			
Phone:			Phone:			
Date ordered:		Date required:	Email:			
Payment: Cheque order #	Money order	Purchase	VISA	Debit	Mastercard	AMEX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card # date	Expiry		Cardholder's name		Cardholder's signature	

Free standard shipping within Canada (some exclusions apply). Taxes extra. Express delivery extra. (Literature – GST ONLY)

QUANTITY	CODE	ITEM	PRICE	TOTAL
SUB TOTAL				
TAX				
TOTAL				