

GENERAL ORDER FORM							
Invoice to name:			Ship to:				
Mailing address:			Street address (please do not use post office box)				
City Prov. Pos		Postal code	City Prov. Postal code				
Ordered by:			Attention:				
Phone:			Phone:				
Date ordered:		Date required:	Email:				
Payment: Cheq order#	ue Money orde	r Purchase	VISA	Debit	Mastercard	AMEX	
order #							
Credit Card # Expiry date		Cardholder's name Cardholder's signature					
Free standard shipping within Canada (some exclusions a				xes extra. Exp	ress delivery extra.	(Literature – GS	T ONLY)
QUANTITY	CODE		I	TEM		PRICE	TOTAL
						SUB TOTAL	
TAX							
TOTAL							

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