



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:
Payment: Cheque Money order Purchase order # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VISA MasterCard <input type="checkbox"/> <input type="checkbox"/>
Credit Card # Expiry date	Cardholder's name Cardholder's signature

Items are shipped prepaid. Shipping charges will be added to your bill. If you require an estimated shipping cost, please call us at 902-425-5450 x 331-. **HST extra.

QUANTITY	ITEM	PRICE	TOTAL
SUB TOTAL			
SHIPPING			
TAX			
TOTAL			