



GENERAL ORDER FORM

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| Invoice to name: | Ship to: |
| Mailing address: | Street Address: (please do not use post office box) |
| City: | City: |
| Province: | Province: |
| Postal Code: | Postal Code: |
| Ordered by: | Attention: |
| Phone: | Phone: |
| Date ordered: Date required: | Email: |
| Payment Method Cheque: <input type="checkbox"/> Money order: <input type="checkbox"/> Purchase order #: <input type="checkbox"/> | Visa: <input type="checkbox"/> Debit: <input type="checkbox"/> Amex: <input type="checkbox"/> Mastercard: <input type="checkbox"/> |
| Credit Card #: Expiry date: CVD Code: | Cardholder's name: Cardholder's signature: |

In Person, we also accept debit and cash.

| QUANTITY | CODE | ITEM | PRICE | TOTAL |
|----------|------|------|-------|-------|
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|-----------------|--|
| SUBTOTAL | |
| SHIPPING | |
| TAX | |
| TOTAL | |