

GENERAL ORDER FORM

ITEM

PRODUCT CODE(S): _____

PRODUCT NAME(S): _____

PRODUCT COLOUR: _____

PRICE:(CDN U.S.) \$ _____ QUANTITY: _____ Associated Shipping Charge: \$ _____

ORDER TOTAL: \$ _____

BILLING ADDRESS

Name: _____ Company: _____

Address: _____

City: _____ Postal Code/ZIP: _____ Prov./State: _____

Country: _____ Email: _____

Home Phone: _____ Work Phone: _____ Fax: _____

SHIPPING ADDRESS [Same as above]

Name: _____ Company: _____

Address: _____

City: _____ Postal Code/ZIP: _____ Prov./State: _____

Country: _____

Phone: _____ Fax: _____ Email: _____

PAYMENT INFORMATION

Type of Payment

Cheque Visa Master Card AMEX

Credit Card Number: _____ - _____ - _____

Expiration Date: ____/____ Verification Code: _____ (3-4 digits on the back of your card after the card number)

Name of Cardholder: _____

Signature of Cardholder: _____

Which search engine or source did you use to find us? _____