

# Order Form

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

PST Exemption Number (if Ontario): \_\_\_\_\_

Products	Quantity	Unit Price	Total Price
<b>Please note that a minimal freight charge will be added for orders less than \$350 before taxes.</b>		Subtotal	
		GST (7%)	
		PST (8%)	
		Total	

**Please mail this form along with your check**

or

**Fill in this section and fax or mail the form to pay by credit card**

Cardholder's Name: \_\_\_\_\_ Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_



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