

Order Form

Name: _____ Date: _____

Address: _____

City: _____ Province / State: _____

Country: _____ Postal Code / Zip Code: _____

Telephone: () _____ E-mail: _____

Fax: _____

Ship to: (if different from above)

Name: _____

Address: _____

City: _____ Province / State: _____

Country: _____ Postal Code / Zip Code: _____

Product name	Product #	Quantity	Price	Total
Subtotal				
Shipping				
Up to \$50.00			\$9.00	
\$50.01 - \$100.00			\$10.50	
\$100.01 - 200.00			\$13.00	
\$201.00 and up			\$15.00	
5% GST (in Canada)				
7.5% QST (in Quebec)				
Total				

Payment method

Cheque or money order VISA Mastercard

Card Number: _____ Expiration date: / /

Signature (if payment by credit card): _____