



ORDER FORM (CAD\$)

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SHIP TO (NAME): _____

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ADDRESS (Mon-Fri 9am-5pm): _____

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SEND AS A GIFT? ADD MESSAGE: _____

ITEM (select colours from web site)	QTY	PRICE	AMOUNT

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Card #: - - -

Card holder's name: _____ Signature: _____

When mail ordering, credit card companies require the billing address of the credit card owner, for your protection. Please include your address here if it is different from the one above. _____

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