

Product Order Form

Ordered By:		Ship To (If Different)	
Name _____ ID # _____	Name _____ ID # _____	Address _____	Address _____
City _____ Province _____ Postal Code _____	City _____ Province _____ Postal Code _____	Phone _____	Phone _____

QTY	PRODUCT DESCRIPTION	PRICE	TOTAL

METHOD OF PAYMENT	
Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Name of Card Holder _____ Card Number _____ Exp. Date _____ Billing Address (if different from above) _____ _____	Total _____

I authorize your company to charge my credit card.
Signature _____