Branch out!

603 1/2 Parliament Street, Toronto, ON M4X 1P9

Phone: 416-962-7950
Fax: 416-534-3690
mary@branchout.ca
www.branchout.ca

ORDER FORM

ORDER DATE: _____

REQUESTED DELIVERY DATE _____

PAYMENT (circle one): 1) **VISA** (see below); 2) **EMAIL TRANSFER;** 3) **CERTIFIED CHEQUE**

BILLING INFORMATION (please print)

** Contact Name:* _____ *Phone:* _____

** Full address:* _____ *Fax:* _____

_____ *email:* _____

_____ *website:* _____

(include city & postal code)

SHIPPING INFORMATION (if different from above)

Contact Name: _____ *Phone:* _____

Full address: _____ *Fax:* _____

_____ *email:* _____

ID NUMBER	QUANTITY	DESCRIPTION OR DETAILS	PRICE/UNIT	TOTAL	

VISA NUMBER:		SUB-TOTAL		
EXPIRY:		Shipping		
NAME ON CARD (please print):		SUB-TOTAL		
CUSTOMER SIGNATURE:		7% GST		
		8% PST		
		TOTAL INVOICE		

TERMS: **Minimum order $25.00;**

Payment due prior to shipping;

TAXES AND SHIPPING ARE EXTRA

OUR ORDER #