Branch out!

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

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mary@branchout.ca
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ORDER FORM

ORDER DATE: _____

P.O. #(if applicable) _____

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

BILLING INFORMATION (please print)

Company Name: _____ *Phone:* _____

Contact Name: _____ *Fax:* _____

Full address: _____ *email:* _____

_____ *website:* _____

(include city & postal code)

SHIPPING INFORMATION (if different from above)

Company Name: _____ *Phone:* _____

Full address: _____ *Fax:* _____

_____ *email:* _____

ID NUMBER	(cards minimum 6 ea) QUANTITY	DESCRIPTION OR DETAILS (if required)	PRICE/UNIT	TOTAL	

VISA NUMBER:		SUB-TOTAL		
EXPIRY:		Shipping		
NAME ON CARD (please print):		SUB-TOTAL		
CUSTOMER SIGNATURE:		7% GST		
PST EXEMPT #		8% PST		
(PLEASE INCLUDE PST EXEMPT FORM)		**TOTAL**		

TERMS: C.O.D.; TAXES AND SHIPPING ARE EXTRA;
NSF CHEQUE CHARGE OF $25.00 APPLIES;
BY SIGNING THIS FORM YOU AGREE TO THESE TERMS.

OUR ORDER #