Order Form
Photocopy - Fill-in & Fax Me to 1-250-562-2911

Invoice to:_____ Ship to:_____

Date _____ P.O. _____ Ship Via _____

Buyers Name _____ Phone _____ Fax _____

Qty.	Cat. #	Description	Unit Price	Total

Our IRL ACCT. NUMBER_____

Credit Card Number MC ☐ Visa ☐ _____ Expiry Date_____

Name (Print)_____

Signature_____

Sub Total	
Shipping/Handling	
G.S.T.	
P.S.T.	
TOTAL DUE	