Product Order Form

Name _____ **Organization** _____

Shipping Address
Address _____
City _____ Prov _____
Postal Code _____
Tel. _____
Fax _____

Billing Address
Address _____
City _____ Prov _____
Postal Code _____
Tel. _____
Fax _____

ITEM	QTY	PRICE	TOTAL
		Shipping	
		Subtotal	
		GST 7%	
		PST 8%	
		Total	

Payment By

❒ Cheque (enclosed) ❒ Cash (enclosed) ❒ Purchase Order (pre-approved only)

❒ VISA ❒ MasterCard

Card # _____ Name on Card: _____

Expiry Date _____ Signature _____

34 Plaza Drive Box 63012 Dundas ON L9H 4H0
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Adventureworks! Associates, Inc.