ORDER FORM

Method of Payment:

❑ CHEQUE

CREDIT CARD: ❑ VISA ❑ MasterCard

Account No. ______________________ Expiry Date ______________

Authorized Signature ______________________

Authorized Purchase Order Number ______________________

Date: ______________________ Tel: ______________________

BILL TO:

____
Brd. /School/Organization
____
Attention of
____
Address
____
City Prov. Code

SHIP TO:

____
Brd. /School/Organization
____
Attention of
____
Address
____
City Prov. Code

Qty.	ISBN	Title	Net Price	Amount
			Subtotal	
			7% Shipping	
			Subtotal	
			G.S.T. (6%)	
			Total	

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