

Gift Certificate Order Form

Date _____

CONTACT INFORMATION

Contact Name _____ Company Name _____

Address _____ Suite _____

City _____ Prov. _____ Postal Code _____

Telephone () _____ Fax () _____

PAYMENT OPTIONS

Visa Mastercard American Express

Card Number _____ Expiry Date _____

Name of Card Holder (please print) _____

Signature of Card Holder _____

DETAILS OF ORDER

\$ 10.00 x _____ = \$ _____

\$ 25.00 x _____ = \$ _____

Sub Total = \$ _____

* Order over \$1000 will be couriered at NO CHARGE

Express Post (1 - 2 days delivery) \$9.00 UPS (overnight) \$15.00 = \$ _____

Total Purchase = \$ _____

Date Required _____

ALTERNATE SHIPPING ADDRESS (If different from billing address)

Receiver's Name _____

Address _____ Suite _____

City _____ Prov. _____ Postal Code _____

Telephone () _____

Shipping instruction:

Please complete the form and fax to the Accounting Department at 403 543 2646