



Order Form

Tel. 519-942-3813
 Fax 519-942-0624
1-800-769-1504
 35 Robb Blvd. Unit # 6
 Orangville, Ontario
 L9W 3L1

Bill To: _____
 Name: _____
 Address: _____
 City / Province: _____
 Postal Code: _____
 Day Phone: _____
 Evening Phone: _____
 Contact Person: _____

Ship To: _____ Order Date _____
 Name: _____
 Address: _____
 City / Province: _____ Required Date _____
 Postal Code: _____
 E-mail: _____

Style #		4	6-8	8-10	10-12	12-14	M14-16	XS	SM	MED	LG	X-L	Total	Price Each	Extended Price

VISA _____ Expiry Date _____ Total Merchandise _____
 MasterCard _____ \$10.00 Below Min Charge _____
 E-Transfer Password _____ Sub- total _____
 Signature _____ G.S.T. (5%) _____
 H.S.T (13%) _____
 Total Amount \$ _____
 Shipping _____
 Total Garments _____