28 Jul 2006

Thank you for your interest in our Products. In order to confirm your request, and shipment date, we require you to forward us the following information by fax to: **416.638.8167**

- Your name
- Your company
- Telephone # ext. Fax #
- Email address

Bill To:

- Street Unit # / Suite #
- City Prov/State
- Country Postal Code/ZIP
- Ship To address is the same ☐ Yes ☐ No

Note: Cannot ship to PO box

- GST Exempt (Canada only) ☐ Yes ☐ No Tax Number (USA only)
- PST Exempt (Canada only) ☐ Yes ☐ No Your PO #
- Scheduled ship date (day / mon / year) Delivery date
- Your preferred shipping courier
- Your account number with this courier
- Your VISA number for payment to us
- Your card's expiry date (mm / yy)
- The name which appears on this card
- Order details

Item #	Quantity	Currency

☐ Please email me instructions for uploading artwork

☐ I have uploaded my artwork

Taxes and shipping are extra.

Signature _____

46Lepage Marketing
46 LePage Court, Toronto, Ontario, M3J 1Z9, Canada
Phone: 416.638.9895
Please fax this form to us at fax: **416.638.8167**

Clear Form