



Fax Back Order Form

(please print)

Sender Information: (Please use credit card billing address for verification or your credit card payment).

Sender Name: _____	Sender Telephone: _____
Sender Address: _____	<i>Telephone number for confirming order if different than above:</i> _____
City: _____ State/Prov: _____	Sender Fax: _____
Country: _____ Zip/Postal Code: _____	Sender Email: _____

Item #	Description/Name	Qty	Price	Amount

Special Instructions: (Special instructions for our designers i.e. colours.)

*substitutions with a similar look and feel are possible due to season and availability.

Delivery Information:

Delivery Date: _____

Recipient's Name: _____

c/o Business Name: _____

Address: _____

City: _____ State/Prov: _____

Country: _____ Zip/Postal Code: _____

Recipient's Telephone: _____




Additional Instructions: (*Delivery times can not be guaranteed).

Message for enclosure card.
(*Did you remember to sign your name? i.e. Susan)

* FOR OFFICE USE ONLY*	SUB TOTAL
	DELIVERY
	GST
	PST
	TOTAL

Payment Information:

Credit Card Type:

Credit Card Number: _____

Cardholder Name: _____

Expiry Date: _____

Signature: _____

Fax your completed form to: **Fax: (604) 299-8602** we will contact you to finalize your order.