

FAX

MAIL



FAX YOUR ORDER TO:
1.403.250.1826

MAIL YOUR ORDER TO:
#3, 2828 - 19TH STREET NE
CALGARY, AB T2E 6Y9

NAME: _____ CONTACT NAME: _____

ADDRESS _____

QTY: _____

PROVINCE/STATE: _____

POSTAL CODE/ZIP: _____

Phone Number : __ () _____

Fax Number : __ () _____

<u>CARD STYLE</u>	<u>QUANTITY</u>	<u>METHOD OF PAYMENT</u>
CARD # _____	_____	VISA _____ EXP _____
CARD # _____	_____	M/C _____ EXP _____
CARD # _____	_____	C.O.D. _____
CARD # _____	_____	
CARD # _____	_____	
CARD # _____	_____	
CARD # _____	_____	
CARD # _____	_____	
CARD # _____	_____	
CARD # _____	_____	
TOTAL PRICE	_____	

Information you would like imprinted on your card
If Different from above

Co. Name: _____

Address: _____

City: _____

Phone: _____

Email: _____

Message: _____