



# ORDER FORM

525 rue Alexandre, Laval (QC) H7G 3M6  
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<b>Date :</b>		<b>Order Number:</b>	
<b>INVOICE</b>		<b>SHIP TO</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Institution:</b>		<b>Institution:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City:</b>	<b>Prov.</b>	<b>City:</b>	<b>Prov.</b>
<b>Postal Code:</b>		<b>Postal Code:</b>	
<b>Tel :</b>		<b>Tel:</b>	
<b>Email:</b>		<b>Email:</b>	
<b>Payment by cheque or credit card:</b>			
Credit card : <b>VISA</b> <b>MASTERCARD</b> Name on card : _____			
Credit card number : _____ 3-digit security code : _____			
Expiry Date : _____ Email of person placing order: _____			

TITLE	FORMAT	PRICE	QTY	TOTAL

<b>Shipping and handling:</b> (\$20 for the first item, plus \$1 for each additional item)	<b>SUB-TOTAL :</b>
	<b>SHIPPING :</b>
<b>Federal Tax no. : R127138246</b> <b>Provincial Tax no. (Quebec) 10-1022-4809</b>	<b>TAXES :</b>
	<b>TOTAL :</b>

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