



## Order Form

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ Apt./Unit \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Method of payment

Cheque

Cash

Item Number	Description (e.g. Ceramic Mug)	Price	Quantity	Amount
<b>Total</b>				