

Order Form

BILL TO:

Name: _____
 Organization: _____
 Billing Address: _____

 City: _____ Prov./Territory: _____
 Postal Code: _____ Telephone: _____
 FAX: _____ Email: _____

SHIP TO:

Name: _____
 Organization: _____
 Shipping Address: _____

 City: _____ Prov./Territory: _____
 Postal Code: _____ Telephone: _____
 FAX: _____ Email: _____

PAYMENT METHOD:

Purchase Order # _____
 Cheque # _____

Credit Card:   
 Account #: _____
 Name on Card: _____ Expiration Date: _____

PRODUCT INFORMATION:

ITEM #	TITLE	QTY.	UNIT PRICE	TOTAL PRICE

POSTER Shipping, Handling & Insurance: 9% of subtotal, \$9.95 minimum
BANNER Shipping, Handling & Insurance: 9% of subtotal

Subtotal	
Shipping	
HST/GST	
TOTAL	

TO ORDER:
 800-941-5006
 FAX:
 519-942-8489
 On-line:
www.jaguared.ca
 Email:
info@jaguared.ca



Note: Orders from individuals must be accompanied by a cheque or credit card number.

Prices and availability subject to change.