



Payment and Return Shipping Instructions

PLEASE COMPLETE AND FAX TO (905) 624-9365

Name: _____

Company: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Phone Number: () _____ Fax Number: () _____

E-mail: _____

Courier Company: _____

Courier Account #: _____

Type of Service: **Priority** **Standard** **Economy**

METHOD OF PAYMENT

  **Cheque/Wire Transfer**

DO NOT SEND CASH BY MAIL

VISA/MC # _____

NAME OF PERSON AS IT APPEARS ON CARD

EXPIRATION DATE: _____

SIGNATURE: _____

(For Credit Card Payments Only)