## **ORDER FORM**

## Winnipeg

Signature

Date

6-1393 Border Street

BILL TO				SHIP TO (if diff	erent)
Name: P.O. Box:	House Address:			Name P.O. Box:	
Town:	Fred Address			Town:	
Phone: <b>Expected</b>	Email Address:    / Required Date of Delivery:			Phone	
QTY	DESCRIPTION		Size	Brand	Preferred Vendor
Other Com	nments or Special Instructions	Method Of Payme	ent: Circle one	Visa	Mastercard
* You can list here what type of places or product brands					
you absolutely DO not want selected.		Credit Card #			
		Expiration Date	CVV#		
			ny Credit Card charged by ABC-Kivalliq.		
			Initial to approve		
			* I agree to have ABC-Kivalliq charge future orders to this card		
			Initial to approve		
*We Accept Credit Cards, Bank Deposit, EMT, COD, and Cash in Winnipeg or Rankin Inlet					
**Orders will not be released until proof of payment is shown.					