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ORDER FORM

Winnipeg
 6-1393 Border Street
 Tel no. (204)415-6389
 Fax no. (204)415-6024
ordersabckivalliq@gmail.com

BILL TO		SHIP TO (if different)	
Name:		Name	
P.O. Box:	House Address:	P.O. Box:	
Town:		Town:	
Phone:	Email Address:	Phone	

Expected / Required Date of Delivery:

QTY	DESCRIPTION	Size	Brand	Preferred Vendor

Other Comments or Special Instructions * You can list here what type of places or product brands you absolutely DO not want selected.	Method Of Payment: Circle one Visa Mastercard
	Credit Card # _____
	Expiration Date _____ CVV# _____
	* I agree to have my Credit Card charged by ABC-Kivalliq. <input type="checkbox"/> Initial to approve
	** I agree to have ABC-Kivalliq charge future orders to this card <input type="checkbox"/> 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.

Signature	Date

Oujannamiik!

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FIRST NAME	LAST NAME
Richard	Evans
E-MAIL ADDRESS	PHONE NUMBER

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