Giftware Order Form

Photocopy this order form as needed. Thank You

Stock #	Description	Qty	Cost	Total

Sub-total	
Add 7% PST	
Add 5% GST	
Total Amount Remitted	

Ship to:

Name: _____

Employee No. _____

Address: _____

_____

_____

Postal Code: _____

Employee Signature: _____

Date: _____

Method of Payment:

- ❑ Customer No. _____
- ❑ Cheque
- ❑ Money Order
- ❑ Visa No. _____

  Expiry Date _____
- ❑ Master Card No. _____

  Expiry Date _____

Please make cheques payable to the Minister of Finance

Mail order to: Distribution Centre Victoria, PO Box 9455 Stn Prov Govt, Victoria BC V8W 9V7 or fax to 250-952-4442