



## FAX ORDER FORM

**Ordered By:** \_\_\_\_\_

**Date Ordered:** \_\_\_\_\_

Contact Name	_____
Business (if applicable)	_____
Address	_____
City	_____ Province _____ Postal Code _____
Telephone	_____ Fax _____ Email _____

**Ship to:**  Same as above.

**Preferred Date of Delivery:** \_\_\_\_\_

Contact Name	_____
Business (if applicable)	_____
Address	_____
City	_____ Province _____ Postal Code _____ Telephone _____

### **Payment Method:**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Other (please specify) _____
Cardholder Name (please print clearly): _____		
Card Number _____	Expiry Date _____	
Signature _____		

### **Gift Order:**

Gift Name/Description	Quantity	Unit Price	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>GRAND TOTAL</b>			<b>\$</b> _____

Fax completed form to The Whole Package at 1-888-765-6616.

(PST Sales Tax and appropriate shipping costs will be added to all purchases. See [www.thewholepackage.ca](http://www.thewholepackage.ca) for more details.)