Order Form

Educational KIDS play

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1250 Sable Drive, Burlington, ON L7S 2J5

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Local Fax: 905-333-3361

Date:_____

Invoice #:EKP

Bill To: Name_____

Institution_____

Address_____

City_____

Prov_____Postal Code_____

Phone_____Fax_____

Email_____

Ship to: (If different than bill to)

Name_____

Institution_____

Address_____

City_____

Prov_____Postal Code_____

Phone_____ Fax_____

P.O. #	Shipping Method		GST#800879819RT0001	Payment Terms

Qty	Item #	Description	Unit Price	Points	Line Total

Payment Method

Total Points

All orders from individuals must be accompanied by payment or credit card information

Subtotal

☐ Cheque Enclosed

Shipping

☐ Visa

Card # _____/_____/_____/_____

PST Tax

☐ Master Card

Expiration Date _____/_____

GST Tax

☐ American Express

Signature _____

Total

Thank you for your business

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