

\* = Required

Customer Number:

Studio Name: \*

Contact Name: \*

Daytime Telephone: \*

Studio Telephone: \*

Email Address: \*

Order Date: \*

**Bill To:**  
 Address: \*   
 City: \*   
 Province: \*   
 Postal Code \*

**Ship To:**  
 Address: \*   
 City: \*   
 Province: \*   
 Postal Code \*  Desired Ship Date:

Total Order: =

Early Order Discount: -

Subtotal: =

Shipping: +

Tax: +

Total Cost of Order: =

Less Deposit 50% (or more) -

Balance (Due Prior to Shipping): =

**Payment Information**

Deposit		Balance	
Visa	<input type="checkbox"/>	Visa	<input type="checkbox"/>
Mastercard	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>
Amex	<input type="checkbox"/>	Amex	<input type="checkbox"/>
E-Transfer	<input type="checkbox"/>	E-Transfer	<input type="checkbox"/>

Tax Rate:

Shipping Rate:

**NOTE: To Calculate your order totals, please use the tax rate applicable to the province of your billing address and the shipping rates applicable to the province of your shipping address.**

**Shipping Rate is the higher of 3% of the order total or \$30 for orders shipped within Ontario and 4% or \$35 for orders shipped outside of Ontario.**

**Full Payment Option**

Card Number:  (no spaces)

Name on Card:

Expiry Date(mm/yy):

CVV Code:

**HST No. 889893053TR0001**

Please note: Minimum shipping charge is \$30 in Ontario and \$35 outside of Ontario.







