

Order Form Non-Resale


LEGION *Endorsed by The Royal Canadian Legion*
Lest We Forget Collector Cards D-Day Series

Name / Business Name / Organization: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

Shipping Address:

Street Address, P.O. Box _____ Apartment, Suite, Unit, Building _____

 City _____ Province, State, Region _____

 Postal Code, Zip Code _____ Country _____

Billing Address:

If different from shipping address

Street Address, P.O. Box _____ Apartment, Suite, Unit, Building _____

 City _____ Province, State, Region _____

 Country _____

Shipping Option: Ground Air Courier

Product Orders:	<input type="checkbox"/>	Description	Quantity	Price Each	Total
	<input type="checkbox"/>	English packs (8 cards per package)	_____	\$3.95	_____
	<input type="checkbox"/>	English boxes (24 packages per box, 8 cards per package)	_____	\$94.80	_____
	<input type="checkbox"/>	French boxes (24 packages per box, 8 cards per package)	_____	\$94.80	_____
	<input type="checkbox"/>	English sets (112 cards per set)	_____	\$49.95	_____
	<input type="checkbox"/>	English sets with binders & sleeves (112 cards per set)	_____	\$64.95	_____
	<input type="checkbox"/>	English binders & sleeves only (no cards)	_____	\$19.95	_____

For orders of 10 or more of the same items please contact us for quantity discounts.

Sub Total \$: _____

GST/HST \$: _____ NB / NS / NL - 13% HST All other Cndn. prov. - 5% GST
 United States & Foreign - 0%

Sub Total \$: _____

PST - 10% \$: _____ PEI Residents only

Total Shipping \$: _____
 Please forward this completed form to us via fax or mail and we will notify you of shipping costs.

Grand Total \$: _____

Orders may be placed via fax, mail, phone or email.
 Please do send credit card information via email.

Payment Option: VISA MasterCard Cheque Money Order
 Please note: cheques must clear bank before order will be shipped. PLEASE MAKE CHEQUES AND MONEY ORDERS PAYABLE TO GRAPHIC COMMUNICATIONS GROUP INC.
 PAYABLE IN CANADIAN FUNDS. NO COD'S OR CASH PLEASE.

All orders shipped within 48 hours of receipt and payment verification.

Card Holder Name: _____

Credit Card No. _____

Expiration Date: _____

Signature: _____

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 Hours: 8:30 am - 5:00 pm, Monday - Friday, Atlantic Time. Please leave message after regular work hours.

