MAGARD VENTURES LTD. 8365 Domagala Road Prince George, B.C., Canada V2K 5R1 Email: magardlogtools@telus.net Phone: 250.962.9057 Fax: 250.962.9157				Date: P.O. No. (Enclose P.O.) Ship to: (If different than "ordered by")												
								Ondoned Dec	□ NA:-		□ N4-	Name:				
											□ IVIS.			Box No:		
								Name: Street:			City			Prov/State:		
City: Prov/State:				City.—		—— F10	v/State.——									
Home Tel No: Postal/zip:				 □ Pleas	e include a Mad	ard Ventures	log huilding tool									
Bus. Tel No: Fax No:																
PLEASE READ C	RDER	ING PROCEDURE AI	ND INFORMAT	TION OI	N WEBSITE		For Magard Ventures									
Ship via: (If bus, truck, or air specify name of carrier)					Use Only											
☐ Air Parcel Post (prepaid & charge) ☐ Ot					her Inv.#											
□ Parcel Post (prepaid & charge) □ Bu																
☐ Truck Collect ☐ Air																
- Huck Collect Al					Picked											
PLEASE PRINT CLEARLY TO AVOID DELAYS AND ERRORS							Veri.									
This order will be returned to you in your package. SAVE IT. It must accompany all correspond to the company all corresponds to the company and corresponds to the correspond to the corresponds to the correspond to the corresponds to the corresponds to					ondence related to	Amt.\$ #										
Catalogue No.	QTY.	Desc	ription		Price Each	Total	Remarks									
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We will charge the actual cos	t of shipping	by most economical means based	Tota	l of Coo	do A											
on weight and size.		Total of Goods A				-										
If you want cost of shipping before we ship, please request this.			Shipping & Handling													
OS - Out of Stock. Date Expected. ED - Extended Mfg. Delay. Please Reorder CA - Cancelled. No Longer Available.			Special Handling Charges													
			SUBTOTAL B													
			Appropriate PST charge	; HST or GS d where ap												
			TOTAL ►													
IF OUT OF STOCK (PL	EASE CH	ECK ONE)	L AS SOON AS POSSIBLE	 [□ CANCEL ITEM	□SUB	STITUTE									
Method of Payme	nt: (We	do not accept C.O.D. c	orders - Canadia	an Funds	Only)											
1	•	□ Bank Draft Transfer □			□ Other											
Card Number :			Card	d Expires _	- N	Security Code										
1		Complete Name			Month Year Signature		Last 3 digits on back of card									