ORDER FORM

Jacques Coulombe Ltd

WOODTURNING & WOODCARVING TOOLS

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Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Post. Code: _____

Tel. (Res): _____ Tel. (daytime): _____

Part No.	Description	Qty.	Price	TOTAL

METHOD OF PAYMENT		**SUB TOTAL**	
✝ **Money order** ✝ **Cheque** ✝ **Mastercard** ✝ **Visa**		**SHIPPING**	
Credit card #	Exp.	**GST 5% or HST 13%**	
Signature:		Quebec resident Only (7.5%) **PST**	
I authorize the use of my card for this transaction		**TOTAL**	