

Crête Plantations Inc.

Order Form

2030 rue de Bretagne, Sherbrooke, Quebec, Canada J1J 1R4

Office: 800-663-7733 Fax: 866-663-7733 Email: daniel@creteplant.com





| | | http://www.creteplar | nt.com/ | | | | |
|-------------------------------------|--|---------------------------------|----------------------|-----------------|--------------------|----------------|-------|
| Buyer: | | | | | | | |
| Address: | | | Phone: | | | | |
| City/Province | 2: | | Fax | | | | |
| Postal Code: | | | Email | : | | | |
| SKU | Christmas Wreaths | Mesure | Color | Weight | Price | Quantity | Total |
| W22BS | Balsam wreath 22" Special | 22"od-12"ring | Pink tag | 2.5 kg | 32.00 \$ | | - \$ |
| | Double face wreath made from Balsam F | Fir Boughs | | | | | |
| | Decorated with a red bow, 1 kit of Pine c | one and 2 kits of Berries | | | | | |
| | Wrap in a plastic bag and insert in a corr | ugated shipping box | | | | | |
| | Freight included for any destination in US | SA/48 and Canada | | | | | |
| | | | | | | Sub-Total | - \$ |
| 5% | | (TPS # 104234 | 4398) Canad | dian Sale tax | for Canadian F | Residents only | - \$ |
| 7.5% | | (TVQ # 1001 | 237175) Que | ebec Sales T | ax fro Quebec | residents only | - \$ |
| Note: All payme | nts to be made by credit card. | | | | Am | ount Due | - \$ |
| Credit Card | Payment Authorization | circle | | | | | |
| Amount: | | - \$ | Name on the Card: | | | | |
| Account # | | Master Card | Master Card Address: | | | | |
| Confirmation code: | | Amex | Amex City/Province | | | | |
| Expiration: | | Discover | Postal Code: | | | | |
| I further agree tha | at Crete Plantations Inc charge my credit card for the a | mount shown on this transaction | for the organi | sation reflecte | d in the headlette | er. | |
| Customer | Signature | | | | | Date: | |
| Recipient | · | | - | | | | |
| Last Name: First Name: | | | To ship week of: | | | | |
| Address: | | | Phone: | | | | |
| City: | | | Province: | Cou | ntry: | Postal Code: | |
| Your personnali | ized wishes: | | | | | | |
| | | | | | | | |
| Recipient | | | | | | | |
| Last Name: First Name: | | | To ship week of: | | | | |
| Address: | | | Phone: | | | | |
| City: Your personnalized wishes: | | | Province: | Cou | ntry: | Postal Code: | |
| | | | | | | | |
| <u>Recipient</u> | | | | | | | |
| Last Name: First Name: | | | To ship week of: | | | | |
| Address: | | | Phone: | | | | |
| City: | | | Province: | Cou | ntry: | Postal Code: | |
| Your personnali | ized wishes: | | | | | | |