

Order Registration Form



Customer Information

Select Your Method Of Payment	
Credit Card	
E-Transfer	
Wire Transfer	
Certified Cheque	
Other (Please Specify):	

Customer & Order Priority will be determined by your chosen payment terms (Listed in order below)

Payment must be received in full before any product is shipped

Select Your Payment Terms:	
1 Immediate Payment	(Payment will be processed after your order is confirmed to you)
2 Payment in Advance (30% Down)	(A 30% Down Payment will be processed after your order is confirmed to you)
3 Net 7	(Payment will be processed 7 days prior to shipping)

If you did not select credit card as your method of payment please scroll down to next section for instruction

Credit Card Information

Please note we will not process payment until we have your confirmation via phone or e-mail to do so. We hold your information with the utmost confidentiality.

Cardholder Name	
Credit Card Number	
Expiry Date	
CVS Security Code (3-Digits on back)	
Billing Address	
Check Box if same as shipping address	
Billing Address	
City	
Postal Code / Zip Code	
Province / State	
Country	