




Shipping Information

Shipping Address	<input type="text"/>
City	<input type="text"/>
Postal Code / Zip Code	<input type="text"/>
Province / State	<input type="text"/>
Country	<input type="text"/>
 Preferred method of Shipping (Leave blank if you have no preference)	
 <small>VectorStock</small>	Canada Post <input type="checkbox"/>
	Fedex <input type="checkbox"/>
	Day & Ross <input type="checkbox"/>
	Other (Please Specify): <input type="text"/>
	<input type="text"/>
Special Requests and/or Shipping Requirements we should know about	
<input type="text"/>	
<input type="text"/>	
Please select the hours open to receiving shipment (For larger orders)	
<i>(Please note that restricting time a truck can deliver may delay delivery by a day)</i>	
Hours Open:	<input type="text"/>
Will receive whenever truck can:	<input type="text"/>
Please select any accessorial services we will need to notify transport about	
Appointment Delivery	<input type="checkbox"/>
Private Residence/Limited Access Delivery	<input type="checkbox"/>
Tailgate Delivery	<input type="checkbox"/>