

# PPL Order Form:

Fax Your Order: (604) 533-6552

Questions Call: (604) 533-2636

Business Hours: 8:00am - 5:00pm

Closed: Saturday - Sunday



**Print Center**  
#108, 19915-64 Ave.,  
Langley, BC V2Y 1G9  
Tel: (604) 533-2636  
Fax: 533-6552

We are located behind the KFC close to the corner of 200th & 64th

## 1 **Typesetting Information:** Your materials will be printed exactly as the information appears below, space permitting.

**Please Print Carefully!** Your information will be printed in upper and lower case.

First Name(s) first:

**Name:**

Standard on ALL  
imprinted Items:

Independent Associate(s)

**Address:**

**City:**

**Prov:**

**Postal  
Code:**

If you would like a prefix such as "Tel.", "Bus.", "Res.", "Cell.", "Pgr.", "Fax.", etc. before phone number it **MUST** be noted below.

**Tel. #1:**

( ) -

**Tel #2:**

( ) -

**Tel. #3:**

( ) -

**Daytime Contact  
Phone Number:**

( ) -

**Note:** This number not printed on card.

Your e-mail address will be printed in lower case and will be preceded by the word e-mail if space permits.

**E-mail Address:**

**Web Address:**

**Proof** please FAX me a proof before going to press.

I understand that there is an **additional**

\$5.00 + G.S.T. charge for this service.

**Fax to:** ( )

## 4 **Ship To:** Only if different from above.

Ship

I will pick up - N/C

## 2 **Items Ordered:** Please allow up to 2 weeks plus Shipping.

All Faxed Orders Must be PRE-PAID and are NON-REFUNDABLE.

Item#	Quantity	Item Description	Item Price
			\$
			\$
			\$

Stationary left over 60 days will be discarded or shipped to you and charged to your credit card.

**Proof Charge**  
(optional)

\$

**6% GST**

\$

**7% PST**  
(BC Res. only)

\$

**Sub Total**

\$

**Shipping Charge**  
(see chart at right)

\$

**Order Total**

\$

## 3 **Methods of Payment\*:**

\*All Orders must be prepaid by:



or

**Cheque:** Payment by cheque may be made **only** if order form is being mailed. **Check with us for Order Total**

**Credit Card Number:**

**Expiry Date:**

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Name of Credit Card holder Please Print:

Signature of Credit Card holder

Address: Needs to be address Credit card statement is sent to:

City/Province/Postal Code

SHIP TO:

Name:

Company:

Street Address:

City/Prov./Code.:

Tel. Number:

### Shipping Charges:

**Allow 2 - 3 days for shipping.**

#### BC, Alberta, Saskatchewan & Manitoba

One item..... \$11.50 & GST  
Two items, three items or more ..... Please Call

#### Other Provinces

Surcharges may apply in remote areas

One item..... \$17.00 & GST  
Two items, three items or more ..... Please Call

Check - No.: -----

( )

Daytime Phone of Credit Card holder

( )

Evening Phone of Credit Card holder