ORDER FORM

Jacques Coulombe Ltd

AIRBRUSH, 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. Code:	**GST 5% or HST 13%**	
Signature: I authorize the use of my card for this transaction		Quebec resident Only (9.975%) **PST**	
		TOTAL	