

Source1Herbs Order Form

Mail to: Box 831, Kirkland Lake, ON CANADA P2N 3K4

NAME: (_____)

STREET ADDRESS: (_____)

CITY, PROV/STATE, POSTAL/ZIP CODE: (_____)

COUNTRY: (_____)

METHOD OF PAYMENT: CERTIFIED CHEQUE () MONEY ORDER ()

BANK TRANSFER () MASTERCARD () VISA ()

Please complete Credit Card Authorization Form for Mastercard & Visa transactions.

<u>ITEMS REQUIRED</u>	<u>QTY</u>	<u>AMOUNT</u>	<u>TOTAL</u>
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)

TOTAL AMOUNT FOR PRODUCTS: (_____)

SHIPPING: (_____)

SUB-TOTAL: (_____)

TAXES: (_____)

(Ontario Residents add PST 8% of Sub-Total -

Canadian Residents add GST 5% of Sub-Total)

TOTAL AMOUNT ENCLOSED: (_____)