C a p a b i l i t y C o n n e c t i o n s M a i l O r d e r F o r m

Date:_____

Item Number	Quantity	Item Description	Total Price

Note: All orders must be pre-paid

Total Value of Order
A charge of 5% GST and applicable shipping charges will be added to the total value of the order.

Billing Information		Shipping Information	
Name:		Name:	
Company Name:		Company Name:	
Street Address:		Street Address:	
City:	State/Province:	City:	State/Province
Postal Code:	Country:	Postal Code:	Country:
Phone: ( ) -	Fax: ( ) -	Phone: ( ) -	
Email Address:		Shipping Selection (Courier, Express, Ground Mail)	

You will receive the paid invoice in the mail once your request has been processed.