

σ^{spl}La^bσ^b ^{sb}DP^eA^b, DPD^{sb}C^{sb}DF a^bPD^sPP

ORDER FORM

Winnipeg

6-1393 Border Street Tel no.(204)415-6389 Fax no. (204)415-6024 ordersabckivallig@gmail.com

BILL TO
SHIP TO (if different)

Name:
Name

P.O. Box:
House Address:
P.O. Box:

Town:
Town:

Phone:
Email Address:
Phone

Expected / Required Date of Delivery:
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QTY	DESCRIPTION		Size	Brand	Preferred Vendor
	nments or Special Instructions	Method Of Payme	ent: Circle one	Visa	Mastercard
* You can list here what type of places or product brands you absolutely DO not want selected.		Credit Card #			
		Expiration Date	CVV#		
		* I agree to have my Credit Card charged by ABC-Kivalliq.			
		Initial to approve			
** I agi			^t I agree to have ABC-Kivalliq charge future orders to this card		
		Initial to approve			

*We Accept Credit Cards, Bank Deposit, EMT, COD, and Cash in Winnipeg or Rankin Inlet

**Orders will not be released until proof of payment is shown.

Signature

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