

MOVIE ORDER

Date: _____ Order: _____
MM/DD/YYYY

Name: _____

Organization/Group: _____

Address: _____

City/Town: _____

Province/Country: _____

Postal Code: _____

Phone: _____

Fax: _____

Email: _____

DESCRIPTION	QTY	PRICE	LINE TOTAL
'Ctrl Alt Delete' DVD Package		\$99	
		SUBTOTAL	
		5% GST	
		SHIPPING	
		TOTAL	

PAYMENT INFORMATION

CHEQUE PAYABLE TO: SAFFRON: Strathcona Sexual Assault Centre Ltd.

CREDIT CARD

MASTERCARD

VISA

Card Number: _____

Expiration Date: _____
MM/YYYY

Cardholder Name: _____

Signature: _____

ORDER TOTAL: _____

OUTSTANDING BALANCE: _____

PAYMENT RECEIVED: _____
MM/DD/YYYY

CC AUTHORIZATION #: _____

SHIPPED ON: _____
MM/DD/YYYY

TRACKING #: _____