ELLWOOD EPPS PRODUCT ORDER FORM

NAME _____ **PAL #** _____

ADDRESS _____ ***Expiry Date*** _____

CITY _____

PROVINCE _____ **CREDIT CARD #** ____/____/____/____

POSTAL CODE _____ ***Expiry Date*** _____

PHONE # _____ ***3-digit security code back of card*** _____

ALTERNATE PHONE # _____

DATE OF BIRTH (Firearms purchases only) YYYY/MM/DD _____ **E-MAIL** _____

CITY OF BIRTH (Firearms purchases only) _____

Catalogue / Stock #	Item Description	Quantity	Price / Unit	Total
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
			Purchase Total	$0.00

NOTES

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