

Fax Order Form

Fax to: (416) 907-4136

(PLEASE PRINT CLEARLY)

Sold To:	Ship To: (leave blank if the same)
Full Name	
Address	Address
City	City
State, Zip	State, Zip
Country	Country
Tel:	Fax:
Email:	Credit Card Type
Card Number :	
Expiration Date:	3 Digit Security Code:

Product ID	Product Name	Qty	Unit Price	Total

SubTotal	\$ _____
Shipping (circle) Express \$29.95 or Standard \$7 to \$12	\$ _____
Handling	\$ 3.00
Grand Total:	\$ _____

(Thank You for ordering with Ahuva. We'll email you a confirmation shortly)