

CONTACT INFORMATION

First Name:

Last Name:

Telephone:

E-mail:

QUOTE #

AMOUNT (Please refer to the order total in quotation)

CAD

PAYMENT

P.O. #

Credit Card

Card holder's name:

Card #:

Expiry date (mm/yy):

CVV:

COMMENTS

DATE (yyyy-mm-dd)

Please fill up the form and send it to orders@lanleys.com