

# Order Form



Send your completed order form to us at:

**Email:** sales@mybadges.com  
**Fax:** 604-271-3347

**Event Date:** \_\_\_\_\_ **In Hands Requirement:** \_\_\_\_\_

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**Notes:**

<b>Bill To:</b> Customer # (If known): _____ Name: _____ Org: _____ Dept. : _____ Address: _____ _____ _____ City: _____ Prov.: _____ Postal Code: _____ Telephone: _____ Ext: _____ Email: _____ Purchase Order: _____	<b>Ship To (If different than Bill To)</b> Name: _____ Org: _____ Dept. : _____ Address: _____ _____ _____ City: _____ Prov.: _____ Postal Code: _____ Telephone: _____ Ext: _____ Delivery Note: _____ _____
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Item #	Quantity	Description	Unit Price	Total

Credit Card Number: _____	Expiry Date: _____
Cardholder Name: _____	Security Code: _____

Credit Card information will be destroyed once it has been charged