Olivia M. Lake

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Ship to: _____ **Address:**_____

Name and Address (if different from above):_____

Tel./Fax: _____

Email/WebAddress: _____

Date: _____ **PST#**_____

Description	Item (Eg. "PAC29b, PC…")	Size	Price	Quantity
		Subtotal:		
		Shipping:		
	Only if you are a resident of B.C.	**PST (7%):**		
		Total:		
		Paid:		

Please check one: **Check __ Certified Check__ Money Order__ Postal Money Order__**

***Please send payment with order form. Please do not send cash in mail. Contact me regarding shipping costs.**

Signatures: _____ **Customer:**_____

*Merchant not responsible for lost, stolen and/or damaged payments and goods.