



## CFPM ENZYME FOOT CREAM ORDER FORM

### Billing & Shipping Information: (Please allow 3 weeks for labeling and shipping)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

### Labeling Information: (Maximum 4 lines allotted for label)

Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Quantities:

56 grams: \_\_\_\_\_ (min. 6) X \$7.00 = \_\_\_\_\_

Subtotal	=	_____	(A)
+ Shipping	=	\$10.00	(B) Total
(A +B)	=	_____	(C)
+ 13% HST on Total	=	_____	(D)
TOTAL (C + D)			



**Payment:**

- Payment by cheque is enclosed. Please mail to:  
CFPM, Suite 200, 411 Richmond St E, Toronto, ON M5A 3S5**
- Payment in full by credit card. Please fax to 416-929-5256**

**Payment Method:**  **Visa**       **Master Card**       **American Express**

_____	_____
<b>Credit Card Number</b>	<b>Expiration Date</b>
_____	\$ _____
<b>Card holder Name</b>	
_____	_____
<b>Card holder Signature</b>	<b>Date</b>

