



CFPM SKIN SOFTENING FOOT SPRITZ ORDER FORM

Billing & Shipping Information:

Name: _____

Address: _____

Postal Code: _____

Labeling Information: (Maximum 4 lines allotted for label)

Name: _____

Clinic Name: _____

Address: _____

Phone Number: _____

Quantities:

120 ml: _____ (min. 6) X \$6.00 = _____

250 ml: _____ (min. 6) X \$10.00 = _____

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

Credit Card Number

Expiration Date

Card holder Name

\$ _____

Card holder Signature

Date

