

CANADA GOLF CARD LTD. ORDER FORM

Date Purchased: _____

PO # _____

# CARDS	Price w/tax	TOTAL COST
	\$39.00 including GST	\$
	TOTAL:	\$

Organization Name: _____

Contact Name: _____

Address: _____

City: _____ Prov.: _____ PO Code: _____

Phone: (____) _____ Fax: (____) _____ email: _____

Form of Payment: **Cheque** (made payable to groupsales.com) **Visa/MC/AMEX**

Card # _____ exp.: _____

Name on Card: _____ Date: _____

The Canada Golf Card is subject to expiry dates, which will not be extended.

(I agree to all terms and conditions of this purchase and to the transaction above)

Authorized Signature (required): _____