



CORPORATE MOVIE CERTIFICATE ORDER/INVOICE

Order Date _____

Please Send To:

Fax 780.416.7706

Box 60, 6805-82 Avenue
Edmonton AB T6B 0E9
Toll Free 1.855.416.7744
Edmonton Tel. 780.416.7744

www.groupsales.com

Table with 3 columns: # of CERTIFICATES, PRICE (incl. tax), COST. Rows include Admit One, Adult Night Out, Child Night Out, PROCESSING FEE, and TOTAL.

Organization Name, Contact Name, Address, City, Prov., PO Code, Phone, Fax, Email

Form of Payment (CHEQUE, VISA, M/C), Card #, Exp. Date, Name on Card, Date, Billing Address of Card, City/PO Code, Cardholder's Signature

One company cheque or credit card per order. Landmark Cinemas corporate certificates are subject to expiry dates (2 years), which will not be extended.

(I agree to all terms and conditions of this purchase and to the transaction above)
Authorized Signature(required): _____