

Corporate Order Form

Business Name: _____

Name of Person placing order: _____

Name of Person collecting order (If different from above): _____

Address: _____

City: _____ Postal Code: _____

Telephone #: _____ Date: _____

Number of Cards	\$ Amount	Total

Payment Method:

Visa* MasterCard* Company Cheque (must be pre approved)

*Credit Card payments must be made in person with valid ID.

Pick up** Delivery (charges will apply)

Date required: _____

**Please note the person collecting the order will be required to show ID.

Additional Information:

Name: _____

Signature: _____

Please return the completed form to Marlborough Mall by;

Fax: 403-207-5688

Email: mrlcssupervisor@20VIC.com

In Person: Customer Service Desk (near the food court)

Please allow a minimum of 5 business days for completion of order.