



ORDER FORM

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info@cinefete.ca / www.cinefete.ca

Date : _____ **Order number:** _____

INVOICE:	SHIP TO:
Name: _____	Name : _____
Institution: _____	Institution: _____
Address: _____	Address _____
City: _____ State: _____	City: _____ State: _____
Zip code: _____	Zip Code : _____
Tel : _____	Tel: _____
Email: _____	Email: _____

Payment by *check or credit card* :

Credit Card : VISA MASTERCARD **Name on card :** _____

Credit card number : _____ **3-digit security code :** _____

Expiry Date : _____

Email address of person placing order: _____

TITLE	FORMAT	PRICE	QTY	TOTAL

Shipping and handling:
 (\$23 for the first item, plus \$1 for each additional item)

Comments : All orders are in U.S. funds.

SUB-TOTAL :	
SHIPPING :	
TOTAL :	U.S. funds

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