



ALPHA TOBACCO ORDER FORM
Please Print out this form and send it by mail or fax

Name:

Address:

(*Use your billing address. We ship to the same address as the billing address)

City:	Province/ State:
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Postal / Zip Code:	Country:
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Primary Phone:	Fax:
Secondary Phone:	

Email:

Payment by: Visa MasterCard Money Order

Visa / MasterCard #: (*We will contact you by phone for your security code)	Expiry: ____ / ____
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With this signature I certify that I am over 19 years of age

Signature:

Item (s)	Quantity	Price in CAD Dollars	Total in CAD Dollars
		Sub Total (CAD)	\$
		Tax	
		Shipping	\$ 20.00
		Total (CAD)	\$

Fax: (604) 944-1302

Email: cuban1@shaw.ca

Mail: ALPHA TOBACCO, House of Cigars
 829 Denman Street, Vancouver, B.C.
 Canada V6G 2L7