



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:																																					
Postal / Zip Code:		Country:																																					
Primary Phone: Secondary Phone:		Fax:																																					
Email:																																							
Payment by:    Visa    MasterCard    Money Order																																							
Visa / MasterCard #: (*We will contact you by phone for your security code)		Expiry: ____ / ____																																					
<b>With this signature I certify that I am over 19 years of age</b> Signature:																																							
<table border="1"><thead><tr><th>Item (s)</th><th>Quantity</th><th>Price in CAD Dollars</th><th>Total in CAD Dollars</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="2"> </td><td>Sub Total (CAD)</td><td>\$</td></tr><tr><td colspan="2"> </td><td>Tax</td><td> </td></tr><tr><td colspan="2"> </td><td>Shipping</td><td>\$ 20.00</td></tr><tr><td colspan="2"> </td><td>Total (CAD)</td><td>\$</td></tr></tbody></table>				Item (s)	Quantity	Price in CAD Dollars	Total in CAD Dollars																			Sub Total (CAD)	\$			Tax				Shipping	\$ 20.00			Total (CAD)	\$
Item (s)	Quantity	Price in CAD Dollars	Total in CAD Dollars																																				
		Sub Total (CAD)	\$																																				
		Tax																																					
		Shipping	\$ 20.00																																				
		Total (CAD)	\$																																				

Email: [cuban1@shaw.ca](mailto:cuban1@shaw.ca)

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