Hawkwind Wool Source Order Form

Name: _____

Address: _____ **City:** _____

Prov / State: _____ **Country:** _____ **Postal / Zip:** _____

Phone: _____ **Fax:** _____

email (optional): _____

Download • Print • Complete • Return by Fax or Mail

Quantity	Description	Cost

Select Method of Payment: Cheque ☐ Money order ☐ Visa ☐ Mastercard ☐

Card Number: _____ Expiry Date (mm/yy): _____

Card Holder's Name: _____

Shipping:	
Subtotal:	

Taxes	
P.S.T add 8% (Ontario Only)	
Total:	

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