



CineMedic

Order Form

CINEMEDIC DISTRIBUTORS INC.
www.cinemedic.com

Contact Name: _____ Title: _____

Business Name: _____

Address: _____

City: _____ Prov. / State: _____ P/C / ZIP: _____

Telephone: _____ Fax #: _____

E-Mail: _____ P.O. # _____

Title	Format VHS/DVD/CD ROM	QTY	Unit Price	Total
Shipping & Handling (\$9.00 for the first item, \$2.00 for each additional item):				
GST / PST / HST (Canadian customers only):				
TOTAL:				

PAYMENT ENCLOSED
(Payable to CINEMEDIC DISTRIBUTORS INC.)

INVOICE WITH SHIPMENT
(Business only)

VISA Card # _____ Exp: _____

Master Card # _____ Exp: _____

American Express Card # _____ Exp: _____

Signature: _____

CANADA:
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Mississauga, Ontario L5L 3T5
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Toll Free: (877) 607-8234
Fax: (905) 607-8565
E-mail: cinemedic@bellnet.ca

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Niagara Falls, NY 14305
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