

DO NOT send duplicates of your order in any form.
(If you are faxing in your order please do not mail it.)

PLEASE PHOTOCOPY FOR SUBSEQUENT USE

ORDER FORM

PRICES SUBJECT TO CHANGE



INDIGENOUS REFLECTIONS



P.O.Box 2790, Station Main • Winnipeg, Manitoba, Canada • R3C 4B4 • Ph: (204) 261-4075 • Fax: (204) 261-4080 • Toll Free: 1-866-522-9322

Date: _____

Authorized Signature: _____

Tax Exempt #

Customer P.O. #

BILL TO		
Contact Name _____		
School / Institution / Company Name _____		
Address _____		
City _____	Prov. / State _____	Postal / Zip Code _____
Telephone Number _____		
Fax Number _____		

SHIP TO		
Contact Name (Mandatory) _____		
School / Institution / Company Name _____		
Address _____		
City _____	Prov. / State _____	Postal / Zip Code _____
Telephone Number (Mandatory) _____		
E-Mail _____		

Qty.	Item #	Description of Item	Cat. Page	Price Each	Total Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

No C.O.D. orders accepted.
All personal orders must be prepaid:

- Certified Cheque
- Money Order
- Visa
- Mastercard
- American Express

Please make all cheques and money orders payable to Native Reflections Inc. All cheques must have name, address and work telephone number. \$20.00 charge on N.S.F. cheques.

If products are marked on your order as "Back Ordered" they will be shipped immediately upon availability. Check here if you do not wish to receive back orders.

If products are sold out or discontinued, check here if you wish to receive a substitute of another version of the products.

Subtotal (page 2 - reverse)

Merchandise Total

* **Add 15%** Estimated S & H

G.S.T./H.S.T.

P.S.T.
(Manitoba residents only)

Total

P.O. # (Net 30)
Please record # above

Cheque Enclosed (Make cheques payable to Indigenous Reflections Inc.)

CREDIT CARDS

To pay with credit card, please visit our website
www.indigenousreflections.com



*** All orders under \$100.00 will be charged a minimum of \$15.00 S & H.**

2 0 2 3



INDIGENOUS REFLECTIONS

Tax Exempt #

Customer P.O.#

	Qty.	Item #	Description of Item	Cat. Page	Price Each	Total Price
13						
14						
15						
16						
17						
18						
19						
20						
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22						
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25						
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34						
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36						
37						
38						
39						
40						
PLEASE ADD SUBTOTAL TO FRONT PAGE						