



MEAL BYTES ORDER SHEET

Agency Information:

Contact Person: _____

Agency: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____

Fax: () _____

Email: _____

Order Information:

Options	Cost per copy	Total	(no taxes applicable)
Mailed	\$699.00 x _____ = _____		+ \$5.00 Shipping Charge
Invoice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	P/O# _____	(if applicable)
I wish to pay with my:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque
Card #:	_____	Expiry:	_____
My signature authorizes Burnaby Meals On Wheels Society to charge the above amount to my Visa or MasterCard for the purchase Meal Bytes (Version 1).			
Signature (as it appears on the card): _____		Date: _____	
Name: _____	Address: _____		
City: _____	Postal Code: _____	Phone: _____	

Please make cheques payable to: Burnaby Meals On Wheels Society
16-250 Willingdon Ave, Burnaby BC V5C 5E9
Phone: 1-877-499-7555 Fax: (604) 299-3755

Shipping Information: (If Different From Above)

Recipient's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____