



BULK ORDER FORM (100+ Masks)

Submitted by _____
 Phone (Required) _____
 Email _____
 Shipping Address _____
 How did you hear about us? _____

PAYMENT METHOD (Please select one)

PayPal Invoice Purchase Order # _____
 Email (if different from above) _____
 Other (Please specify) _____ (If cash, please have exact change please)
 Do not enter your credit card number. Major Credit Cards can be used with PayPal checkout.

DELIVERY OPTION (Please select one)

Shipping Service EDMONTON pick up by customer CALGARY pick up by customer
 Shipping cost will be added to Invoice. 14720 115 Ave (780-452-4724) 1115 55 Ave NE (403-275-3666)
 OTHER, please specify _____

****DELIVERY DATE TO BE CONFIRMED ONCE ORDER IS PROCESSED AND COMPLETED****

Category Name	Quantity (In increments of 10)	Unit Price	Amount

TOTAL QUANTITY

Subtotal _____

Special Request:

TAXES & SHIPPING will be added to final invoice.

Please email ORDER FORM to sales@bisonibi.ca

