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# ORDER FORM

## Winnipeg

6-1393 Border Street

Tel no. (204)415-6389

Fax no. (204)415-6024

[ordersabckivalliq@gmail.com](mailto:ordersabckivalliq@gmail.com)

BILL TO	SHIP TO (if different)
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Name:	House Address:	Name
P.O. Box:	Town:	P.O. Box:
Town:	Phone:	Town:
Phone:	Email Address:	Phone

**Expected / Required Date of Delivery:**

QTY	DESCRIPTION	Size	Brand	Preferred Vendor

<b>Other Comments or Special Instructions</b> * You can list here what type of places or product brands you absolutely DO not want selected.	<b>Method Of Payment:</b> Circle one      Visa      Mastercard  Credit Card # _____ Expiration Date _____      CVV# _____ * I agree to have my Credit Card charged by ABC-Kivalliq. <input style="background-color: yellow;" type="checkbox"/> Initial to approve ** I agree to have ABC-Kivalliq charge future orders to this card <input style="background-color: yellow;" type="checkbox"/> Initial to approve
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\*We Accept Credit Cards, Bank Deposit, EMT, COD, and Cash in Winnipeg or Rankin Inlet

\*\*Orders will not be released until proof of payment is shown.

Signature	Date
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***Oujannamiik!***