

Please fill out all required information (*) on this form, and include it with your items when you drop them off or mail them in.

CONTACT INFORMATION:

First Name*:	_____	Last Name*:	_____
Daytime Phone*:	_____	Evening Phone*:	_____
Other Phone:	_____		
Email Address*:	_____		
Street Address*:	_____		
City*:	_____	Province*:	_____
Postal Code*:	_____	Country*:	_____

SHIPPING INFORMATION:

(address MUST be a Mon-Fri 9am - 5pm address where someone is always present to sign for incoming parcels)

Shipping information is the same as Contact information above.

First Name*:	_____	Last Name*:	_____
Daytime Phone*:	_____	Evening Phone*:	_____
Other Phone:	_____		
Email Address*:	_____		
Street Address*:	_____		
City*:	_____	Province*:	_____
Postal Code*:	_____	Country*:	_____

ADDITIONAL INFORMATION:
