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# PICK UP FORM

LOCATION  TORONTO  THORNHILL  PICKERING

CUST NAME:		ORDER #:
SKU	DESCRIPTION	QTY

I PROVIDE MY PERSONAL AND PAYMENT INFORMATION ON THIS DOCUMENT ACKNOWLEDGING THE USE OF MY CREDIT CARD (INFORMATION PROVIDED BELOW) TO PAY AND PURCHASE THE ITEMS DESCRIBED WITHIN THIS TRANSACTION:

DRIVER'S LICENCE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPIRY:  -

CC #:  -     -     -  EXPIRY:  -

CUSTOMER NAME (FIRST & LAST): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ AMOUNT CA\$: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FOR STORE USE ONLY - Information above verified by:	
Associate Name:	Manager Name:
Associate Signature:	Manager Signature: