

Island Soap Order Form

Item	Description	Qty.	Price	Subtotal
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Order total: _____
Tax: _____
Shipping: _____
Total: _____

Method of Payment

- Check
- Cash
- Visa
- MasterCard
- Email Transfer

Name as it appears on card

Address

Phone

Email Address

Credit Card #

Exp. date

3 /4 Digit Code

Signature

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