



CANADIAN ORDER FORM

Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Business Tel: _____

To: Janet M. Jenkins
 Cellex-C Junior Inc.
 9 New Street, Toronto, Ontario, Canada M5R 1P7.
 Fax order to: 1-416-924-5133

MOTHER & CHILD PRODUCT DESCRIPTION	UNIT SIZE	RETAIL PRICE	TOTAL ORDERED	PRICE \$CDN
JR11000 SPIDER VEIN COMPLEX	60mL	65.00		
JR12000 HAIR RECOVERY COMPLEX	120mL	65.00		
JR13000 STRETCH MARK CREAM	250mL	65.00		
JR14000 DIAPER RASH OINTMENT <i>(Not available)</i>	100mL	N/A		
JR15000 AQUA-VERNIX BABY MOISTURIZER	100mL	35.00		
JR16000 BABY SUNSAFE CREAM SPF 30+ <i>(Not available)</i>	100mL	N/A		

Payment Method (please check one):

Visa American Express
 Mastercard Money Order

Card Number: _____

Expiry Date: _____

/

Subtotal _____
 GST _____
 PST _____
Total in \$CDN _____

(PST only applies to Ontario Residents. Shipping and handling charges are not included)

Shipment Request:

Shipping and handling charges to be determined.

UPS Ground UPS Air
 FEDEX Air Post

All prices are in \$CND