

FROM: Please Print

Mr. Miss
 Mrs. Ms. Your Name: _____

Street Address: _____

City: _____ Province: _____ State: _____ Postal Code: _____ Zip Code: _____

Country: _____ Tel. Res. () _____

Tel. Cell () _____ Tel. Bus. () _____

Email _____

SEND TO:

Rogers' Chocolates Ltd.
 4253 Commerce Circle
 Victoria, BC V8Z 4M2
 Canada

www.rogerschocolates.com
 Phone: 250-384-7021
 Fax: 250-384-5750

TOLL FREE:
1-800-663-2220

METHOD OF PAYMENT: Visa Mastercard American Express Discover Cheque/Money Order

Credit Card Number _____ CVV _____ Expiry Date: Mo. _____ Yr. _____

Name on Credit Card: _____

Signature: _____

SEND ROGERS' CHOCOLATES TO:

If you are sending gifts to more than 3 recipients, please use a separate sheet or copy this one. Please use street addresses for USA and international destinations (no PO Box numbers).

Name:	Quantity	Item #	Description	Price
Address:				
City: _____ Postal Code: _____ Zip Code: _____				
Province/State: _____ Country: _____				
Phone #: () _____ (For delivery purposes only)				
Ship Via: <input type="checkbox"/> Local Delivery <input type="checkbox"/> Canada-Ground <input type="checkbox"/> Canada-Air <input type="checkbox"/> USA-Ground <input type="checkbox"/> USA-Air <input type="checkbox"/> International Air				
Date to Arrive (M/D/Y): / / (May be adjusted by our staff to reflect delivery delays relative to your selected destination.)				
Gift Message 1:				
			Total Product:	
			Shipping Cost: <small>(refer to reverse of this form)</small>	
			Subtotal:	
			Plus Applicable Taxes: <small>(refer to reverse of this form)</small>	
			Total:	

Name:	Quantity	Item #	Description	Price
Address:				
City: _____ Postal Code: _____ Zip Code: _____				
Province/State: _____ Country: _____				
Phone #: () _____ (For delivery purposes only)				
Ship Via: <input type="checkbox"/> Local Delivery <input type="checkbox"/> Canada-Ground <input type="checkbox"/> Canada-Air <input type="checkbox"/> USA-Ground <input type="checkbox"/> USA-Air <input type="checkbox"/> International Air				
Date to Arrive (M/D/Y): / / (May be adjusted by our staff to reflect delivery delays relative to your selected destination.)				
Gift Message 1:				
			Total Product:	
			Shipping Cost: <small>(refer to reverse of this form)</small>	
			Subtotal:	
			Plus Applicable Taxes: <small>(refer to reverse of this form)</small>	
			Total:	

Name:	Quantity	Item #	Description	Price
Address:				
City: _____ Postal Code: _____ Zip Code: _____				
Province/State: _____ Country: _____				
Phone #: () _____ (For delivery purposes only)				
Ship Via: <input type="checkbox"/> Local Delivery <input type="checkbox"/> Canada-Ground <input type="checkbox"/> Canada-Air <input type="checkbox"/> USA-Ground <input type="checkbox"/> USA-Air <input type="checkbox"/> International Air				
Date to Arrive (M/D/Y): / / (May be adjusted by our staff to reflect delivery delays relative to your selected destination.)				
Gift Message 1:				
			Total Product:	
			Shipping Cost: <small>(refer to reverse of this form)</small>	
			Subtotal:	
			Plus Applicable Taxes: <small>(refer to reverse of this form)</small>	
			Total:	

Grand Total: