



**OUR LITTLE SECRET**  
CORP.COM

# ORDER FORM

OLS Corp.  
307-1755 Robson Street  
Vancouver, BC V6G 3B7  
Canada

**PHONE: 604-468-2157**  
**FAX: 604-464-2101**

**BILL TO:**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**SHIP TO:**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

P.O. DATE	SALES PERSON	SHIPPED VIA	F.O.B. POINT	TERMS
				Pre Pay

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

**PAYMENT METHOD**

- My check is enclosed
- Bill my open account
- Charge to my credit card: Visa / Master Card / Amex

Card # \_\_\_\_\_  
Signature \_\_\_\_\_  
Expiry Date \_\_\_\_\_

SUBTOTAL	
SALES TAX	
HANDLING	9.95
SHIPPING	
TOTAL	

Comments:

\_\_\_\_\_

\_\_\_\_\_

Authorized by \_\_\_\_\_

Date \_\_\_\_\_