Balancing Touch

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Order Form & Receipt

The Reflexology Visual Dictionary Series

BILL TO:		**SHIP TO: (if Different from "bill to")**	
Name/company:		Name/company:	
Address:		Address:	
City:	Province/State:	City:	Province/State:
Postal/ZIP Code:	Country:	Postal/ZIP Code:	Country:

Phone number:	Fax	Email:

Product / ISBN	Size / Description	Quantity	Price	Total

Payment method

check or money order

Please make all checks payable to: Balancing Touch

1. Please fill this form out completely
2. If you have any suggestions or questions about your order, please email me: adam@balancingtouch.ca

Amount TOTAL	
SUBTOTAL	
SALES TAX	
SHIPPING & HANDLING	
TOTAL	

THANK YOU FOR YOUR BUSINESS!

www.balancingtouch.ca