



SEND ORDERS TO - SERVICE@BACKYARDRESORTS.CA

CUSTOMER NAME:

PHONE #:

DESIRED PICK UP LOCATION : CAMBRIDGE KITCHENER

CREDIT CARD NUMBER, EXPIRY DATE & CCV:

**BLANK ORDER FORM - PLEASE SUPPLY PART NUMBERS
AND DESCRIPTIONS IN THE SPACE BELOW**

<u>PART NUMBER</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>

BLANK SECTION: WRITE ANYTHING YOU NEED