FIELDS OF CODE INC.
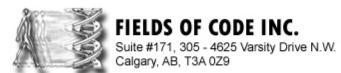Suite #171, 305 - 4625 Varsity Drive N.W.
Calgary, AB, T3A 0Z9

Call to order, Calgary: 403-241-2520
Call to order, Canada & US: 1-888-441-2520
Fax, Canada & US: 1-888-759-5923
Shop online: www.fieldsofcode.com

Products/Services Order Form

3 WAYS TO ORDER: Online, Phone/Toll-Free or Postal Mail.

DELIVERY TO, ADDRESS

Company _____

Email _____

Email is important for sending you order and shipping confirmation.

Contact Person Name _____

Extension _____

Phone _____

Fax _____

Phone is important for clarifying questions on orders.

DELIVER TO THIS ADDRESS

Street _____

City _____

Province/ State _____

Postal Code/Zip _____

Country _____

METHOD OF PAYMENT

☐ MASTERCARD   ☐ VISA   ☐ CHEQUE/MONEY ORDER: Payable to Fields of Code Inc. (No cash or CODs)

☐ Requesting installments

Number of consecutive monthly installments you are selecting is _____.
Maximum number of installments is 24 months.

First month: ☐☐ MM ☐☐☐☐ YYYY
(1st month must be the same as the date of the order)

Last month: ☐☐ MM ☐☐☐☐ YYYY

Remember to provide an email address at the top to receive reminders for each monthly deduction.

Card Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Verification Code ☐☐☐

Please enter your credit card's Verification Code. For Visa or MasterCard, this 3-digit code is in the last set of digits printed on the back of your card.

Expiration Date ☐☐ MM ☐☐ YY

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Name on Credit Card	
Cardholder's Signature	

Credit Card Billing Address	Street	
	City _____ Province/ State _____	
	Postal Code/Zip _____ Country _____	

PRODUCTS/SERVICES ORDERED
All prices are in Canadian Dollars

PRODUCT SKU	QTY	DESCRIPTION	PRICE	TOTAL
		Total Order Value So Far →		

Please select only one of these shipping methods, not both.	☐ **Regular Shipping** (6 business days) Please add $10 for regular shipping and handling charges. ☐ **Express Canada** (2 business days) Please add $20 for standard shipping and handling charges.	
Row A	**Total Order Value After Shipping** → (The final total charge amount for this order)	
Row B	**The number of months, if you have requested monthly installments** → (If you have not requested installments, leave this blank)	
Row C	**Monthly: Divide the final charge in Row A by the number of months in Row B** → (If you have not requested installments, leave this blank)	

Want a confirmation when your order ships? Just provide your email address!
For any questions about ordering contact us at: sales@fieldsofcode.com or use one of the phone numbers listed at the top of the form.

Date Ordered: __Month: _____ Day: ____, 2010.