MYCRAZYSTORE dba **MCSDepot**
135 Maitland Street, Suite 301,
Toronto, Ontario, M4Y 1E5 Canada

OFFLINE FAX ORDER FORM: (416) 352-1331

Ship To Address:		**Bill To Address:** ☐ **check here if same as ship to**	
Company Name:		Company Name:	
Attention:		Attention:	
Shipping Address:		Shipping Address:	
City:		City:	
State/Province:		State/Province:	
Zip/Postal Code:		Zip/Postal Code:	
Country:		Country:	
Daytime Phone:		Daytime Phone:	

Email Address: ____

Payment Method:

☐ Check – made payable to MYCRAZYSTORE ☐ Money Order – made payable to MYCRAZYSTORE
☐ Bank Transfer ☐ PayPal – we will bill the email address you provide above
☐ Credit Card ☐ VISA ☐ MASTERCARD

Credit Card Account Number: __________-_________-________-_________ Expiry Date: ________/_________

Signature: __________________________________ Printed Name: _____________________________________

Part #	Description	Weight	Qty	Item Price	Total Price

Total Weight:		**Subtotal:**
		Shipping (please call for quote):
		Total Amount Enclosed (payment in USD only):

We will contact you when we receive your order. If you have faxed your order and you have not heard from us within 24 hours, please CONTACT US to make sure we have received your order.

(Internal use only) Order#: _________ Sales Rep: ______________