

# Extra Ordinary People

## ORDER AND PAYMENT FORM

To receive your copy of *Extra Ordinary People*, please complete and return this form, along with payment (check or money order payable to "V-Tape"), to:

**V-Tape**  
**401 Richmond Street West., Suite 452, Toronto, ON M5V 3A8**  
**Tel 416-351-1317 Fax 416-351-1509**  
**wandav@vtape.org www.vtape.org**

To pay by credit card (VISA, MasterCard, Amex), please contact V-Tape by phone, or fill out the credit card authorization section below. If you are not sure which category of purchase applies to your organization, or if you have further questions, please contact us.

Your Contact Name \_\_\_\_\_  
Organization/Company \_\_\_\_\_  
Shipping Address \_\_\_\_\_  
City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
Tel \_\_\_\_\_ E-mail \_\_\_\_\_

I would like to order the following copies of *Extra Ordinary People*:

***For individual use:***

FORMAT: DVD  QTY: \_\_\_\_\_ @ \$30.00 TOTAL: \_\_\_\_\_

***For institutional or educational use:***

Non-Profit or Community Organization

FORMAT: DVD  QTY: \_\_\_\_\_ @ \$100.00 TOTAL: \_\_\_\_\_

Post-Secondary Educational Institution

FORMAT: DVD  QTY: \_\_\_\_\_ @ \$250.00 TOTAL: \_\_\_\_\_

Public Library

FORMAT: DVD  QTY: \_\_\_\_\_ @ \$100.00 TOTAL: \_\_\_\_\_

Secondary Educational Institution

FORMAT: DVD  QTY: \_\_\_\_\_ @ \$60.00 TOTAL: \_\_\_\_\_

TOTAL ORDER: \_\_\_\_\_

ADD GST 5% \_\_\_\_\_

ADD SHIPPING (in Canada) \$ 10.00

**GRAND TOTAL:** \_\_\_\_\_

# Extra Ordinary People

## CREDIT CARD PURCHASE AUTHORIZATION

Please fill in your credit card information below, and fax or mail this form along with your completed Order and Payment Form, to:

V-Tape  
401 Richmond Street West., Suite 452, Toronto, ON M5V 3A8  
Tel 416-351-1317 Fax 416-351-1509  
wandav@vtape.org www.vtape.org

For greater security, we recommend that you contact V-Tape in person by telephone to give us your credit card information.

CREDIT CARD TYPE: VISA  MASTERCARD  AMEX

CREDIT CARD # \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

I AUTHORIZE VTAPE TO BILL THE ABOVE CARD IN THE AMOUNT OF: \$ \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

DATE: \_\_\_\_\_