## LAYAWAY FORM

Name						
Address						
City				State	ZIP	
Email Pho			ne			
Date of I	Pick-Up Da	Pick-Up Date				
Qty.	Item Description		Price/Unit Total			
Shipping Charges:			\$			
Sales Tax:			\$			
G.S.T.:			\$		\$	
See reverse side of form for terms and conditions.			Tota	ıl Due		
				Deposit		
			Bala			
			Бата	nce	1	