VINTAGES **CLASSICS** ORDER FORM SEPTEMBER 2008

FAX: 416-365-5777 OR TOLL-FREE 1-800-282-2197

ORDERING DEADLINE: 5:00 PM, WEDNESDAY, SEPTEMBER 10, 2008

Company Name (if applicable) ____________ Licensee Number (if applicable) ____________

Name ____________ Day Phone Number ____________

Address ____________ Evening Phone Number ____________

Suite ____________ City ____________ Province ____________ Postal Code ____________

AIR MILES™ Card Number ____________

☐ Check here if the above information is a change of address, and provide previous postal code below. ____________

____________ Provide your fax number here only if you prefer to be contacted by fax rather than by phone. when we confirm the status of your order during our initial launch.

☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS

Name and Signature of Credit Card holder ____________

Card Number ____________ Expiry Date ____________

Ship to Store Location ____________ Store Number ____________

If you have signed up for VINTAGES Latest and prefer not to receive hardcopy mailings of our Classics Collection, please check here ☐

PRODUCT#	QTY	PRODUCT NAME	PRICE	AMOUNT

TOTAL ____________

Need more space? You can download this order form at VINTAGES' website www.vintages.com/classics

PAGE ______ OF ______

VINTAGES reserves the right to limit quantities on any products in the interest of overall customer demand.
Payment must be provided at time of ordering. Individual credit cards may only be applied to one order.