REQUEST FOR SHOP LOCAL DOLLARS

Business	Name:			
Contact F	Person:			
Date: Phone Number:				
Email Add	dress:			
Date requ	uested for pick up:		_	
_	us at least 5 business days to proce all A REQUEST to Listowel.Team@lil	-	1-6189	
☐ E-Transfe☐ Certified (☐ Paying by	Payment Option: or to ShopListowel@gmail.com. This Cheque or Cash or cheque, and acknowledging a 3-d order be made out to the North Perth Cl	ay hold before approval		
Please stat and all cor	te the amount of each denom responding fields. Every Char	ination wanted, the nber Dollar costs on	total amount of yo e Canadian dollar.	our order
	DENOMINATION	Quantity	Amount	
	5 Dollar			
	10 Dollar			
	20 Dollar			
	50 Dollar			
	Gift Envelopes		Free	
	Total Amount (CAD\$)			
Client Signa	ature			H PERTH mber mmerce

Pick up signature and date