

THE T. EATON CO. LIMITED
TORONTO CANADA

ORDER FORM

DATE:

(Mr., Mrs. or Miss) (First Name)

(Last Name)

NAME:

STREET ADDRESS:

CITY or TOWN: **PROV.:** **POSTAL CODE:**

	ARTICLE No.	QUANTITY	NAME OF ARTICLE	SIZE	COLOUR	PRICE EACH	TOTAL PRICE	
							\$	C
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
						TOTAL		