



Please fill out the purchase order sheet below and fax it the back to Xylitol Canada

Customer Name: _____

Company: _____

Address to be shipped to: _____

Description of purchase.: _____

COST:
SHIPPING and HANDLING :

TOTAL : _____

I hereby authorize SDDF (Xylitol Canada) to put the amount of the purchase above onto either my VISA or MASTER card.

VISA CARD: _____ EXPIRY _____

MASTER CARD: _____ EXPIRY _____

CARD HOLDER SIGNATURE: _____ DATE _____

PLEASE FAX BACK TO # 1-416-288-0679