



Narcotics and Controlled Substances Order Request Form

Date:	Customer #:	Purchaser Name:
Store Name & Address:		X _____
_____		Signature:
_____		X _____
_____		License #:
Tel: _____		X _____
Fax: _____		

Quantity	Package Size	Product Number	Product Description	Price

Please mail to:



4555 Beaudry Avenue | Saint-Hyacinthe | QC | J2S 8W2
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