



## SHAVINGS ORDER FORM

|   |                    |
|---|--------------------|
| COMMON STABLING NAME / FARM NAME<br><br>(FOR PURPOSES OF DELIVERY LOCATION) |                    |
| <b># OF BAGS</b>  | _____ X \$11.20CAD |

### BILLING INFORMATION

|                               |  |
|-------------------------------|--|
| FULL NAME                     |  |
| ADDRESS                       |  |
| CITY, PROVINCE OR CITY, STATE |  |
| POSTAL CODE OR ZIP CODE       |  |
| CREDIT CARD NUMBER            |  |
| EXPIRY DATE                   |  |
| CVV CODE                      |  |
| PHONE NUMBER                  |  |

**EACH BAG IS 3.0 CUBIC FEET**

|  |          |
|--|----------|
| TOTAL TO BE CHARGED TO CREDIT CARD ABOVE<br>(NUMBER OF BAGS X \$11.20) | \$ _____ |
|--|----------|

**\*\*\*\* YOU MAY COMPLETE MULTIPLE FORMS FOR EACH BARN IF YOU WANT THE BAGS BILLED TO DIFFERENT CREDIT CARDS. BE SURE TO HAVE COMMON STABLING NAME CORRECT FOR DELIVERY PURPOSES\*\*\*\***

|                 |                |                       |
|-----------------|----------------|-----------------------|
| OFFICE USE ONLY | Date received: | Payment process date: |
|-----------------|----------------|-----------------------|

**THIS FORM MUST BE EMAILED BEFORE JULY 10 2025 TO : [devin@keystonecentre.com](mailto:devin@keystonecentre.com)**