

Order form • Tools

Special offer | 40% discount when purchasing a 2nd format

Model file • Implementation model • Reference guide • Model financial statement

Part ① Personal information

Client/member No. _____

First name _____ Last name _____

Employer _____

Professional address _____ Suite _____

City _____ Province _____ Postal code _____

Telephone (work) _____ Ext. _____ Email _____

Part ② Order

☐ **Option A** – I want to obtain the 2nd format of a **reference guide**, a **model file**, an **implementation model** or a **model financial statement** that I received while attending the following course:

Course title _____

Session No. _____ Choice of format _____

☐ **Option B** – I want to obtain the 2nd format of a **reference guide**, a **model file** or an **implementation model** that I purchased at the regular price (paper or PDF).

Title of the reference guide/model file/implementation model _____

Choice of format _____

☐ **Option C** – I want to obtain the 2nd format of a **model financial statement** that I purchased at the regular price (paper or Word + PDF).

Title of the model financial statement _____

Choice of format _____

Part ③ Fee schedule

	Regular price			Price of 2 nd format		
	À la carte	Passports		À la carte*	Passports	
		CPA	Multi-CPA Multi-users		CPA	Multi-CPA Multi-users
Paper	\$250	750 PDC	625 PDC	\$150	450 PDC	375 PDC
PDF	\$200	600 PDC	500 PDC	\$120	360 PDC	300 PDC
Word + PDF	\$200	600 PDC	500 PDC	\$120	360 PDC	300 PDC

* Taxes not included.

Part 4 Fees payable and terms of payment

Fees payable

GST : 10780 3009 RT0001 QST : 1006163536 TQ0001

Tool	Price/PDC
Title of tool No. 1:	
Title of tool No. 2:	
	Subtotal
	GST (5%)
	QST (9.975%)
	Total

Terms of payment

- | | |
|--|---|
| <input type="checkbox"/> Cheque (Payable to the Ordre des CPA du Québec.) | <input type="checkbox"/> Bill me at the address listed in part 1) |
| <input type="checkbox"/> Passport (No. _____) | <input type="checkbox"/> Debit (At the Order offices only.) |
| <input type="checkbox"/> Credit card (The Order will contact you.) | <input type="checkbox"/> Online (In your file on the Order website.) |

Cardholder's signature (compulsory) _____

Date (YYYY/MM/DD) _____

Please return this duly completed form by one of the following methods*:

- | | |
|--|--|
| ► By mail:
Ordre des CPA du Québec
5, Place Ville Marie, bureau 800, Montréal (Québec) H3B 2G2 | ► By email: dp@cpaquebec.ca
► By fax: 514 843.8375 |
|--|--|

* Please do not put the order form in the evaluation box.

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