



LIFESAVING SOCIETY®
The Lifeguarding Experts

ORDER FORM | PACKING SLIP

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STEP 1 CONTACT INFORMATION

Date of Request		Contact Name	
SHIPPING		BILLING	
PLEASE PROVIDE BILLING ADDRESS IF DIFFERENT THAN SHIPPING ADDRESS			
Customer Name		Customer Name	
Address		Address	
City/Town		City/Town	
Province	Postal Code	Province	Postal Code
Contact Number	<input type="checkbox"/> Home	<input type="checkbox"/> Business	<input type="checkbox"/> Cell ()
Shipping Preference	<input type="checkbox"/> Bus	<input type="checkbox"/> Courier (local orders only)	<input type="checkbox"/> Mail <input type="checkbox"/> UPS

STEP 2 ORDER INFORMATION

Order Qty	Item Description	Qty Back Ordered
<input type="checkbox"/>	Ship By Date	<input type="checkbox"/> Course Start Date

SHIPPING COSTS WILL APPEAR ON YOUR OFFICIAL INVOICE | Invoice will follow in the mail within 5-10 business days.

STEP 3 PAYMENT INFORMATION

<input type="checkbox"/>	Debit / Cash (in person)	<input type="checkbox"/>	Master Card	<input type="checkbox"/>	VISA	<input type="checkbox"/>	Invoice	PO #
Credit Card #						Expiry Date		M <input type="text"/> Y <input type="text"/>
Name on Credit Card (as it appears)								

PLEASE CHECK YOUR ORDER AS SOON AS IT ARRIVES | Products must be returned within 30 days of purchase with a copy of the receipt or invoice.

STEP 4 THIS AREA FOR OFFICE USE ONLY!

ORDER TAKEN BY		ORDER COMPLETED BY				
DATE SHIPPED		TRACKING NUMBER				
INVOICE #		SHIPPING DETAILS		Weight	Cost	+ GST
BACK ORDERED ITEM(S)		DATE SHIPPED		TRACKING NUMBER		