



LIFESAVING SOCIETY
The Lifeguarding Experts

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ORDER FORM					
BILL TO			SHIP TO		
Name:			Name:		
Mailing Address:			Street Address (NO post office box, please)		
City	Province	Postal Code	City	Province	Postal Code
Phone:			Attention:		
Ordered by:			Phone:		
Date ordered:			Date required:		
Purchase Order #			Shipping Instructions <input type="checkbox"/> Bus <input type="checkbox"/> Mail <input type="checkbox"/> Courier		

Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cash (in person) <input type="checkbox"/> Debit (in person)	Credit Card #: Expiry Date:	Cardholder's Name: Signature of Cardholder:
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Items are shipped prepaid. Shipping charges & GST will be added to your bill. If you require an estimated shipping cost, please call us at 780 415 1755.

Item Code	Item	Qty	Price	Total

For office use only:

Date Shipped: _____
 Invoice #: _____
 Back Ordered: _____
 Tracking Info: _____

SUB TOTAL	
SHIPPING	
GST	
TOTAL	

Products must be returned within 30 days of purchase with a copy of the receipt or invoice.