



LIFESAVING SOCIETY  
The Lifeguarding Experts

## GENERAL ORDER FORM

Invoice to name:			Ship to:			
Mailing address:			Street address (please do not use post office box)			
City	Prov	Postal code	City	Prov	Postal code	
Ordered by:			Attention:			
Phone:			Phone:			
Date ordered:			Date required:			
Payment: Cheque	Money order	Purchase order #	VISA	Debit	MasterCard	AMEX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card #		Expiry date	Cardholder's name		Cardholder's signature	
In person, we also accept debit and cash						

Items are shipped prepaid. Shipping charges will be added to your bill. If you require an estimated shipping cost, please call us at 416 490 8844. HST extra.

QUANTITY	CODE	ITEM	PRICE	TOTAL
<b>SUB TOTAL</b>				
<b>SHIPPING</b>				
<b>TAX</b>				
<b>TOTAL</b>				

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