



LIFESAVING SOCIETY

The Lifeguarding Experts

GENERAL ORDER FORM

Affiliate Name and/or Affiliate Code			Ship to		
Mailing address			Street address (please do not use post office box)		
City	Province	Postal code	City	Province	Postal code
Ordered by			Attention		
Phone		Email	Phone		
Date ordered		Date required	Email		
Payment	Cheque <input type="checkbox"/>	Purchase order # <input type="checkbox"/>	VISA <input type="checkbox"/>	Debit <input type="checkbox"/>	Mastercard <input type="checkbox"/>
Credit Card No.	Expiry date	CVD Code	AMEX <input type="checkbox"/>		
			Cardholder's name		
			Cardholder's signature		
In person, we also accept debit and cash.					

(LITERATURE – GST ONLY)

QUANTITY	CODE	ITEM	PRICE	TOTAL
			SUBTOTAL	
			SHIPPING	
			TAX	
			TOTAL	

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