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:**	**Email:**
Payment: Cheque ☐ Money order ☐ Purchase order # ☐	VISA ☐ Debit ☐ Mastercard ☐ AMEX ☐
Credit Card # Expiry date	Cardholder's name Cardholder's signature

Free standard shipping within Canada (some exclusions apply). Taxes extra. Express delivery extra. (Literature – GST ONLY)

QUANTITY	CODE	ITEM	PRICE	TOTAL
			SUB TOTAL	
			TAX	
			TOTAL	

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