



Order Date: _____ Purchase Order Number: _____
Contact Name: _____ Telephone Number: _____
E-Mail Address for Confirmation: _____

BILL TO: Organization: _____

Address: _____

Suite No: _____

City/Province: _____

Postal Code: _____

Attention: _____

Canadian Customers TAX ID# _____
(Canadian Revenue Business Number)

SHIP TO: Organization: _____
 Address: _____
 Suite No: _____
 City/Province: _____
 Postal Code: _____
 Contact Name/Number: _____
 Dock: YES or NO

EVACUATION CHAIRS

EVAC+CHAIR® 300H
EVAC+CHAIR® 400H
EVAC+CHAIR® 500H (500 lb)
EVAC+CHAIR® 600H
EVAC+CHAIR® IBEX® 700H
EVAC+CHAIR® 750H
EVAC+CHAIR® POWER 800
EVAC+CHAIR® POWER 900
CarryLite Transit Chair 200H

[illegible]

ACCESSORIES/PRODUCTS

Replacement Vinyl Dust Cover
Comfy Seat
EVAC+ALARM® Anti-Theft device
EVAC+CHAIR® Patient Carrier Seat
Ulti-Mat
Rescue Sheet
Rescue Me
EVAC+CHAIR® Flatpack Cabinet
Replacement Battery
Replacement Charger
In Person Training
Online Training
Other *(Please specify)*

[illegible]

Shipping & Handling Charges

Sales Tax

Total Charges (CANADIAN DOLLARS)

Special instructions/Comments

NOTE: ORDER IN CANADIAN DOLLARS

If paying by credit card the billing address must match the credit card used.

Card Number
Cardholder Name
Billing Address
Expiration Date CSV#
Card Type (Visa, MasterCard, Amex)

RETURNED INVENTORY POLICY: Goods may be returned * within 30 days of invoice date if they do not meet evacuation requirements. Customer is responsible for cost of freight to return goods to Evac+Chair North America LLC. A restocking fee of 20% will apply. Customer will also be charged for cost of any required repairs and replacement of any missing items. Customer must receive a returned goods authorization number from Evac+Chair North America LLC before goods will be accepted. * Customer must retain all original packaging material.

