EVAC+CHAIR® CANADA

Canadian Order Form

Order Date: _____ Purchase Order Number: _____

Contact Name: _____ Telephone Number: _____

E-Mail Address for Confirmation: _____

BILL TO: Organization: _____

Address: _____

City/Province: _____

Postal Code: _____

Attention: _____

SHIP TO: Organization: _____

Address: _____

City/Province: _____

Postal Code: _____

Attention: _____

EVACUATION CHAIRS	QTY ORDERED	UNIT PRICE	EXT. PRICE
EVAC+CHAIR® 300H	@	$	$
EVAC+CHAIR® 500H (500 lb)	@	$	$
EVAC+CHAIR® 600H	@	$	$
EVAC+CHAIR® IBEX® 700H	@	$	$
EVAC+CHAIR® POWER 800	@	$	$
CarryLite Transit Chair 200H	@	$	$
ACCESSORIES/PRODUCTS			
Replacement Vinyl Dust Cover	@	$	$
Comfy Seat	@	$	$
EVAC+ALARM® Anti-Theft device	@	$	$
EVAC+CHAIR® Patient Carrier Seat	@	$	$
ResQmat	@	$	$
Rescue Sheet	@	$	$
Rescue Me	@	$	$
Evacuaid	@	$	$
IEVAC Escape Hood	@	$	$
EVAC+CHAIR® Metal Storage Cabinet (300H)	@	$	$
EVAC+CHAIR® Metal Storage Cabinet (500H/600H/700H)	@	$	$
Other *(Please specify)*	@	$	$
Other *(Please specify)*	@	$	$
Shipping & Handling Charges	@	$	$
Sales Tax			$
Total Charges (CANADIAN DOLLARS)			$

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

Special instructions/Comments

NOTE: ORDER IN CANADIAN DOLLARS

Card Number _____

Cardholder Name _____

Billing Address _____

Expiration Date _____ CSV# _____

Card Type (Visa, MasterCard, Amex) _____

Evac+Chair Canada

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