Order Form

Health Tech Canada
6607 Second Line, RR#3
Fergus, Ontario
N1M 2W4

BILL TO:

Contact Name:
Organization:
Address:
City:
Province:
Postal Code:
Telephone: ( )
Fax: ( )

SHIP TO:

Contact Name:
Organization:
Address:
City:
Province:
Postal Code:
Telephone: ( )
Fax: ( )

PAYMENT METHOD:

□ Cheque	Charge Card No. / / / /
□ Visa	Expiry Date: /
□ Master Card	Cardholder's Signature:

QTY.	PRUDUCT NO.	DESCRIPTION	PRICE
List other items from second page of this order form.		Amount from other side	

Total	**$**
Applicable taxes and actual shipping charges will be added to your invoice.	

Tax Exemption Certificate:
If you or your company or institution is tax exempt, a copy of your certificate must be faxed to us at 519-843-2777 at the time of ordering.

QTY.	PRODUCT NO.	DESCRIPTION	PRICE
		(Carry these amounts to the first page) **TOTAL**	