

PRODUCT ORDER FORM

Infrastructure Health & Safety Association

5110 Creebank Road, Suite 400, Mississauga, ON L4W 0A1

Tel: 905-625-0100 Toll Free: 1-800-263-5024 Fax: 905-625-8998

Email: info@ihsa.ca • www.ihsa.ca

PREPAYMENT IS REQUIRED.

Firm/organization _____ Contact person _____

Street address _____

City _____ Province _____ Postal code _____

Phone _____ Fax _____ Email _____

SHIP TO Same as above or

Firm/organization _____ Contact person _____


Street address _____

City _____ Province _____ Postal code _____

Phone _____ Fax _____ Email _____

PRODUCT CODE	PRODUCT NAME	QUANTITY	UNIT PRICE	TOTAL PRICE

Total purchase price _____
Add 5% or 13% HST for Canadian orders _____
Grand total _____
For US orders, please include Federal Tax ID number _____ or Social Security Number _____

Method of payment:  Visa  MasterCard  American Express

Credit card # _____ Expiry date _____

Cardholder name _____
(As it appears on card)

Amount authorized _____

Final billing amounts on US credit card orders may vary slightly due to currency conversion. IHSA will contact you for your credit card security code.

Cardholder's Signature _____ Date _____

PURCHASER'S CONSENT

I hereby agree to allow IHSA to collect, store, and use my name, address and purchase information in accordance with IHSA's Privacy Policy. I understand that if the personal information compiled by IHSA is incorrect, IHSA will correct the information upon my request and provide me with confirmation. I further understand that if I am not satisfied with the manner in which IHSA handles my personal information, I may contact the Privacy Commissioner for the Province of Ontario.

Signature _____ Date _____