



INFORMED TRUSTED SOLUTIONS™

ORDER FORM

Please complete this order form and **fax** or **mail** to Onespot Allergy.
Orders will be processed upon receipt of payment.

Item	Description (include size, colour and type, if applicable)	Quantity	Price	Subtotal
Order Total				
Shipping & Handling Fee				\$15.00
Subtotal				
(Ontario Only) 8% PST				
(AB, BC, MB, NT, NU, ON, SK, YT) 5% GST				
(NB, NL, NS, PE, QC) 13% HST				
Total				

Ship to:

Name: _____
 Organization: _____
 Address: _____

 City/Town: _____ Province: _____
 Postal Code: _____ Phone: _____
 E-mail: _____

Please allow 10 business days for delivery

Method of Payment

Visa Mastercard
 Credit Card Number: _____
 Expiry Date: _____
 Cardholder Name: _____

(please print)

Signature: _____
 How did you find out about Onespot Allergy?

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