H E T

HEALTH EDUCATION AND TRAINING

A. Ordered by:

Name **Title**

Organization

Address

City **Province/State** **Postal Code/Zip Code**

Phone **Fax**

Email

B. Payment Method:

☐ **Visa** ☐ **Master card** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ - ☐☐

Card Holder Account Number **Expiry date on card**

Cardholder Name **Cardholder Signature**

☐ **Please Invoice Me (organizations only)** ☐ **P.O #** _____

☐ **Cheque Enclosed (Payable to HEAT Inc.)**

C. Order Details: Please leave Item price blank

Qty	Product ID	Title or Product Name	Item Price	Total Price

Sub Total		
Add: $13 for first item and $1.50 for each additional item		
AB, BC, MB, NWT, NT, SK, YK Add: 5% GST*		
NS Add: 15%		
PEI Add: 14%		
ON, NFLD, NB Add: 13% HST		
GRAND TOTAL		

D. Shipping Address (if different from billing address above)

Name **Organization**

Address

City **Province/State** **Postal Code/Zip Code**

Phone **F ax**

***Please note:** Applicable taxes do not apply to American customers.

(Prices subject to change without notice)

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