



Double D Health Products Inc.

# CANADIAN ORDER FORM

Please Print Clearly and Complete All Information to Avoid Errors and Delays.

### BILLING ADDRESS

Mr.  Ms.  Mrs.  Dr.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

### SHIPPING ADDRESS SAME AS BILLING ADDRESS

Mr.  Ms.  Mrs.  Dr.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

### PRODUCTS

| Code | Description | Retail Price | Unit Price | Quantity | Line Total |
|------|-------------|--------------|------------|----------|------------|
|      |             |              |            |          |            |
|      |             |              |            |          |            |
|      |             |              |            |          |            |
|      |             |              |            |          |            |
|      |             |              |            |          |            |
|      |             |              |            |          |            |
|      |             |              |            |          |            |

### PAYMENT INFORMATION

Certified Cheque  Money Order  Visa  Mastercard  Cash  Pay Pal

Pay Pal Account: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Name on Card: \_\_\_\_\_

X \_\_\_\_\_  
Cardholder Signature Date

|                     |  |
|---------------------|--|
| Sub-Total           |  |
| GST                 |  |
| PST                 |  |
| Shipping & Handling |  |
| Order Total         |  |

GST Registration No. 84898 4548

X \_\_\_\_\_  
Customer Signature Date

|                            |  |
|----------------------------|--|
| <b>FOR OFFICE USE ONLY</b> | Invoice No: _____ Date: _____ Receipt No: _____ Credit Receipt No: _____ |
|                            | Shipment Tracking No: _____ Shipment Date: _____ Credit Auth No: _____   |
|                            | Notes: _____   |