

# Canada's Healthy Workplace Month Order Form

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Date: \_\_\_\_\_

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

Organization: \_\_\_\_\_

Products Name	Size	Selling Price	Qty	Amount
Pocket First Aid Kit	0/S	4.99		
Men's Gildan Ultra Cotton T-shirt	L	11.99		
Men's Gildan Ultra Cotton T-shirt	XL	11.99		
Women's Gildan Ultra Cotton T-shirt	S	11.99		
Women's Gildan Ultra Cotton T-shirt	M	11.99		
Women's Gildan Ultra Cotton T-shirt	L	11.99		
Ecologist Ballpoint Paper Pen	0/S	2.50		
Staple-less Stapler	0/S	5.99		
16 oz Stainless Steel Water Bottle	16 oz	21.99		
Poster - Tabloid	11x17	3.00		
Pedometers	0/S	19.95		
<b>SUBTOTAL</b>			\$	
HST 13 % (For NB, NF, NS, ON only)			\$	
Shipping			\$ To be completed by NQI	
<b>TOTAL</b>			\$	

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

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

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

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Payment Method:

1)  Visa     MasterCard     Amex

Card #: \_\_\_\_\_

Expiry: \_\_\_\_\_

2) Invoice                      P/O Y/N

P/O number: \_\_\_\_\_

Shipping:

Courier                       Canada Post

Shipping Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the shipping address the same as the address above? Y / N

Name (Attn to): \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Please send order form by Fax to NQI  
at:    **(416) 251-9131**