



Please Provide The Following Information So That We May Process Your Order Promptly And Efficiently.

Medical Crisis Response System

Order Form

I wish to purchase the following:

RESCUE KITS @ \$25.99 CAD each

Quantity _____

SUBTOTAL (A) \$ _____ ◀

Shipping/Handling (within Canada)

Quantity

1-5 10% \$ _____

6-19 8% \$ _____

20-49 6% \$ _____

50 or more 4% \$ _____

Shipping + (A) = SUBTOTAL (B) \$ ◀

RESCUE STATIONS @ \$119.99 CAD each (Includes one Rescue Kit)

Quantity _____

SUBTOTAL (C) \$ _____ ◀

Shipping/Handling (within Canada)

1-3 10% \$ _____

4-9 8% \$ _____

10-19 6% \$ _____

20 or more 4% \$ _____

Shipping + (C) = SUBTOTAL (D) \$ ◀

SUBTOTAL (B+D) \$ _____ ◀

Add 5% GST \$ _____

B.C. residents add 7% PST \$ _____

TOTAL DUE \$ ◀

*Please contact us for international shipping charges.

Please send certified cheque for total purchase amount in Canadian dollars, made payable to **AT RISK RESCUE LTD** or pay by:

VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____

Expiry Date: _____ / _____ **CSC#** _____

CSC# - For MasterCard or Visa, it is the last three digits in the signature area on the back of your card.
For American Express, it's the four digits on the front of the card.

Card Holder's Name: _____

Signature: x _____

signature required if paying by credit card

PLEASE BILL MY ORDER TO:

Street: _____

City: _____

Province/State: _____ **Postal/Zip Code:** _____

PLEASE SHIP MY ORDER TO:

Name: _____

Business: _____

Street: _____

City: _____

Province/State: _____ **Postal/Zip Code:** _____

Country: _____

Please mail or fax your order to:

At Risk Rescue Ltd., P.O. Box 195, Shawnigan Lake, B.C.,
Canada VOR 2W0

Fax: 250-743-0752

Please allow up to 6 weeks for delivery

Privacy Information

Your personal information will not be disclosed to any outside third parties and will be used only for the purposes of verifying your order and maintaining our customer records.