

ORDER FORM - OH&S Act & Regulations Consolidation Edition

To Order: Please complete this form below and **FAX to (905) 890-8010**
Credit Card: **Payment** please fill in the information below
Cheque: Make **Payable** to the **Public Services Health & Safety Association**

SHIPPING ADDRESS

BILLING ADDRESS (if different)

Company: _____ Address: _____ _____ _____ Attention: _____ Telephone: _____	Company: _____ Address: _____ _____ _____ Attention: _____ Telephone: _____
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	PRICES	QUANTITY	TOTAL
OH&S Act & Regulations Consolidation Edition	\$23.00		
Shipping/Handling Charges: 1 - 5 \$10.00, 6 - 10 \$15.00, 11 - 20 \$20.00 For order over 20 please call 905-890-2040			
SUB-TOTAL:			
HST 5%:			
TOTAL:			

CREDIT CARD PAYMENT INFORMATION

Name: _____ (as it appears on credit card)																
Credit Card Number: <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>																
MASTERCARD: _____ VISA: _____ Expiry Date: ____ / ____																
Signature: _____																