



**Sports Recovery Systems**

16170 Hwy 27  
Schomberg, Ontario LOG 1T0  
416-994-694  
**905-590-0093 FAX**



**ORDER FORM**

Date \_\_\_\_\_

**BILLING INFORMATION**

Contact \_\_\_\_\_  
Company/Farm \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_

**SHIPPING INFORMATION (If different from billing information)**

Contact \_\_\_\_\_  
Company/Farm \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_

(thank you for submitting the above again, to ensure we can match your payment to your order)

**PAYMENT INFORMATIO**

Cheque ? \_\_\_\_\_  
Credit card type (Visa/MC) \_\_\_\_\_  
Lease? \_\_\_\_\_  
  
If credit card:  
Name on card: \_\_\_\_\_  
Credit card number \_\_\_\_\_

Order Subtotal \$ \_\_\_\_\_  
Shipping/Handling \_\_\_\_\_  
Taxes: GST \_\_\_\_\_  
PST \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_  
Card number: \_\_\_\_\_  
Expiry Date \_\_\_\_\_

I hereby authorize Sports Recovery Systems to process my order and receive payment in the amount of the total indicated above. Where I have indicated payment by credit card, this is full authorization for Sports Recovery Systems to process the charge on my credit card as indicated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_