OAVT Marketplace Order Form

CONTACT INFORMATION

Company/Member:			
Address:		Apt. #:	
City:	Provinc e:	Postal Code:	
Phone:	Alt. Phone:		
Email:		Member No:	

Product	Cost	# of items	Noods shipping2 TDD	Subtotal
Product	Cost	# or items	Needs shipping? TBD mark Y or N	Subtotal
OAVT 50th Stainless Steel Bottle				
- shipping extra	\$ 6.00			
OAVT Stethoscope ID Tag w	\$ 4.50			
shipping				
OAVT headband w Face Mask	\$ 6.50			
buttons w shipping				
OAVT 3 layer Mask w shipping	\$ 9.50			
RVT 3 layer Mask w shipping	\$ 9.50			
RVT Travel Blanket PU only	\$ 27.50			
RVT Blanket w shipping	\$ 48.30			
RVT/OAVT Stainless Steel Travel	\$ 19.50			
Mug – shipping extra				
RVT Iron on Patch w shipping	\$ 4.00			
RVT Crest Sticker w shipping	\$ 2.00			
RVT Name Badge (with pin) w	\$ 15.00			
shipping				
RVT Name Badge (with magnet)	\$ 17.00			
w shipping				
Limited Edition RVT Graphic	\$ 85.00			
License Plate w shipping				
Replacement Ltd Edition RVT	\$ 55.00			
Graphic License Plate w shipping				
RVT Portfolio (Navy Blue)	\$25.00			
shipping extra				
OAVT note pad & pen set w	\$ 7.00			
shipping				
OAVT pen w shipping	\$ 3.00			
OAVT reusable straw -shipping	\$ 3.00			
extra				
Additional Shipping				
HST (13%) (Reg#131435703)				
Total				

ALL RVT ITEMS CAN ONLY BE SOLD OR GIFTED TO RVT MEMBERS — PLEASE FILL OUT NEXT PAGE FOR APPROVAL

OAVT HOLIDAY SHOP ORDER FORM

MEMBER#

RVT NAME

RVT NAME															ME	MBE	R #									
RVT NAME															ME	MBE	R #									
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RVT NAME												ME	MEMBER#													
RVT NAME												ME	MBE	R #												
PAYMENTS CAN BE NUMBER NOTED IT DETERMINED WITH PAYMENT INFORM	N THE M	IEMO)/NO	TES	CC	PA												_								
Visa MC		AMEX Total Amount to be Charged:)								Security Code: (3 digits on back)									
Card Nu	mber:																					xp. D mm/				
Name on	Card:																									
Cardholder Sign	ature:																									
Che	que #																									
Receipt C	onfirm	atio	n rec	aue	st																					
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All payments made by credit card *must* include a cardholder signature to be valid. *Thank you*.

Please fax completed form to 519 836-3638, please contact Verna Miedema, Finance Manager/Treasurer if you have any questions: verna@oavt.org or at 519 836-4910 x226