

## HipTrac™ Order Form



Product Name	Price
HipTrac™	\$895.00 USD x (today's Canadian exchange rate on _____ ) = \$ _____ CDN
<b>Financing available:</b> Lease to own program available for approximately \$39 / month. (for more information on leasing and a quote visit HipTrac.ca)	

**Please Fill in the Following:**

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Item Description	Quantity	Price Per Item	Total Price
HipTrac™		\$	\$
		Sub Total:	
		* Shipping & Handling (for office use only):	
		H.S.T or G.S.T where applicable (see chart below):	% _____ \$ _____
		Total (for office use only)	\$

Province	Shipping	H.S.T/G.S.T	Province	Shipping	H.S.T/G.S.T
Ontario (Toronto & Area)	\$28.00	13%	B.C.	\$34.00	5 %
Ottawa	\$28.00	13 %	N.W.T.	\$34.00	5 %
Quebec	\$28.00	13%	Nova Scotia	\$34.00	15%
Manitoba	\$30.00	5 %	New Brunswick	\$34.00	13 %
Alberta	\$34.00	5 %	New foundland	\$34.00	13%
Saskatchewan	\$30.00	5%	P.E.I.	\$34.00	5%

Charge: Visa Master Card or Check      Amount: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

(I authorize Berton Health Services Inc. to charge my credit card for the amount listed above + Shipping and Handling)

Print and complete both pages of this order form. Payment made by Visa or Master Card may be to faxed to 519-966-0990 or scanned / photographed and emailed to drogerb@yahoo.ca

All problems or missing items must be reported within 3 days of receiving your order to be eligible for store, credit, exchange, replacement or refund.

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