



MERCHANDISE ORDER FORM

Please select which initiative you would like purchase merchandise for:

Agency Name: _____

Address: _____

Primary Contact: _____

Primary Contact Email: _____

Date Ordered: _____

Date Required: _____

Do you have a membership in good standing with RNS? Yes No

Items	Price	Quantity	Total
Item Sub-TOTAL before Discounts/Shipping			

- Prices **do not** include cost of Postage and HST
- **RNS Members SAVE** 10% before Postage and HST
- Purchase Orders and Credit Cards are accepted. Please ensure that the form is filled out completely. See next page.

<p><u>OFFICE USE ONLY</u></p> <p>Item Sub Total before Discounts/Shipping _____</p> <p>10% Membership Discount _____</p> <p>Shipping & Handling _____</p> <p>Total Cost of Merchandise: _____</p>
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Please select how you would like to pay:

PO#:

If paying by credit card please fill out the below information

Visa / MC #: _____ **Expiry:** _____

Cardholder's Name: _____

Please send your completed forms to: info@recreationns.ns.ca