



# ORDER FORM FOR HEARING LOSS PREVENTION MATERIALS

WorkSafeBCstore.com

Hours are 8:30 a.m. to 4:30 p.m. (PST), Monday to Friday

PLEASE PRINT CLEARLY.

For information, please contact WorkSafeBCstore customer service at 1 866 319-9704, by fax at 1 888 232-9714, e-mail customer.service@worksafebcstore.com, or by mail to: ARAMARK Canada Ltd. c/o WorkSafeBC Forms and Publications, PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5

Date ordered (yyyy-mm-dd)	Date required (yyyy-mm-dd)
Contact person	
Telephone number (please include area code)	Fax number (please include area code)

### Shipping information

Name of firm or individual		
Street address (please include floor info)		
City	Province	Postal code

### Payment options

Credit card <input type="checkbox"/>	Cheque <input type="checkbox"/>	(must accompany order form – make payment to “ARAMARK Canada Ltd.”)
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### Credit card information

Type of credit card Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	Credit card holder
Credit card number	Expiry date (mm-yy)

### Product information (NOTE: All prices subject to change)

Form/product code description	Quantity	Price	Total
Audiogram and Medical History form (H45E32) (minimum 1 pkg of 250 forms)		21.00	
Batch Header (pkg of 500 forms) (H45B33)		20.00	
Batch Header (single forms) (H45B33)		.04	
Record of Hearing Test card – pkg of 100 cut cards – sheets (10 cards/single sheet)		N/C N/C	N/C N/C
Labels, self-sticking		N/C	N/C
		Shipping (charged only on orders that include audiograms and/or batch headers)	
		<b>Subtotal</b>	
		HST (subtotal x 12%)	
		<b>Total payment \$</b> (subtotal + HST)	

