

ORDER FORM

SUBSCRIBER INFORMATION

Last Name	First Name	Date of Birth <small>yyyy/mm/dd</small>
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Address	Street	City	Province	Postal Code
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Primary Telephone Number (Number DirectAlert will dial back to in an emergency) ()	Secondary Telephone Number ()
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Equipment Description	Quantity	Description (Make and Model)	<input type="checkbox"/> Purchase	\$299.95+tx(\$17.95+tx Monthly monitoring)
		Direct Alert Emergency Response Kit	<input type="checkbox"/> Rental	\$39.95+tx/ Monthly (3 Month min)
			<input type="checkbox"/> Medication Reminders	\$4.95/Month + tx
			<input type="checkbox"/> CARP Member	First month of monitoring Free
How would you like to wear your help button? <input type="checkbox"/> Watch <input type="checkbox"/> Wristband <input type="checkbox"/> Pendant			<input type="checkbox"/> Installation	\$

CREDIT CARD PAYMENT INFORMATION

<input type="checkbox"/> VISA NO.	NAME ON CARD	EXPIRY DATE
<input type="checkbox"/> MASTERCARD NO.		

BANK ACCOUNT PAYMENT INFORMATION

BANK NAME	<input type="checkbox"/> VOIDED CHEQUE ENCLOSED WITH ORDER FORM
TRANSIT NUMBER	BRANCH NUMBER
ACCOUNT NUMBER	

EMERGENCY CONTACT LIST

	Contact Telephone Number 1	Contact Telephone Number 2	Relationship to User
1			
2			
3			
4			
5			

MEDICAL SURVEY & INFORMATION

Medications:

Allergies:

Assistive devices used:

Other health information:

Do you have a tone or a pulse phone line?

Local emergency phone numbers (if available)

Do you have high speed internet? YES NO * If yes please attach an additional sheet with complete details

Mr. Mrs. Ms. Dr. _____ <div style="display: flex; justify-content: space-around;"> Last Name, First Name </div>	SALES REPRESENTATIVE _____
Dated _____ of _____ in _____, Canada Day Month City	