Sprinkler Depot	
	Name / Nom
	Address / Adresse
	City / Ville
	Province
	Postal Code
	Telephone

PAYMENT / PAIEMENT

Date_____

Credit card: Visa ☐ MasterCard ☐

Credit card number: _____/ _____/ _____ /_____

Expiration:_____/_____
MONTH / YEAR

SIGNATURE_____

ORDER at info@sprinklerdepot.ca

PRODUCT CODE	DESCRIPTION	QTY	PRICE	S-TOTAL

www.sprinklerdepot.ca

Mon - Fri: 9H00 am - 6H00 pm **Sat:** 9H00 am - 12H00 am
Lun - Ven: 9H00 à 18H00 **Sam:** 9H00 à 12H00

S-TOTAL	
SHIPPING	
GST/TPS 5%	
PST/TVQ 9,975%	
TOTAL	