

# MUSKOKA MEDICAL & HOME ALERT LTD.

P.O. BOX 2002, ORILLIA, ONTARIO, L3V 6R9

## FOR SERVICE CALL (705) 835-2500

No 002745

### INVOICE

- NEW CLIENT LEASE AGREEMENT  
 RENEWAL  
 CANCELLATION/ REBATE

- NEW CLIENT PURCHASE  
 OTHER.....

DATE: <i>Jan 11/96</i>	CLIENT'S NAME <i>Mona Cormie</i>	PHONE #: <i>705-765-3873</i>
ADDRESS: <i>RR#3</i>	CITY: <i>POOT CARINGA</i>	POSTAL CODE: <i>POU 1J0</i>
I.D.#: <i>5180</i>	SERIAL #: <i>5180</i>	TYPE OF UNIT: <i>BK</i>
		P.O. BOX:

MONITORING FEES PAID FROM: <i>Jan 11/96</i>	INSTALLATION CHARGE:	
TO: <i>MAR 30/96</i>	MONITORING FEES: <i>3 x 28</i>	<i>84</i>
	PURCHASE PRICE:	
	LABOUR:	
EQUIPMENT:	OTHER:	
	DISCOUNT:	
	SUB TOTAL:	<i>84.00</i>
	G.S.T.:	<i>5.88</i>
POST-DATED CHEQUES: x =		P.S.T.:
x =		
GRAND TOTAL =	GRAND TOTAL:	<i>89.88</i>
PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> POST DATED	CANCELLATION REBATE:	-
	G.S.T.:	-
BATTERIES REPLACED: <input type="checkbox"/> YES <input type="checkbox"/> NO	P.S.T.:	-
G.S.T. #: R124956988	TOTAL REBATE:	

IN CONSIDERATION OF THE MUTUAL COVENANTS CONTAINED HEREIN, DEALER AGREES TO LEASE TO SUBSCRIBER AND SUBSCRIBER AGREES TO LEASE FROM DEALER, THE EQUIPMENT HEREIN BEFORE DESCRIBED ON THE TERMS AND CONDITIONS CONTAINED ON THE REVERSE HEREOF.

PER: *[Signature]*

FIELD REPRESENTATIVE

CUSTOMER'S SIGNATURE