

# SHOT CLOCKS

**EXCLUSIVE PRICE FOR  
ONTARIO RINGETTE ASSOCIATION  
TEAMS**



For Only

**\$1,460** + taxes

Shipping is extra (approx. \$50)

Order form on  
reverse

- ✳ 2 Shot Clocks
- ✳ 1 Wireless RF ISC-HH hand held controller
- ✳ Horn in each unit
- ✳ Removable Hooks to hang over glass

Also available for an additional price:

- ✳ Carry Bag

## CHOICE OF THE PROS!

- ✳ Stand alone units or hang over glass.
- ✳ Made in Ontario, Canada.
- ✳ Has the same shot clock technology as used by NBA teams.
- ✳ 10" LED digit displays, protected by plexi glass.
- ✳ Easy to operate.
- ✳ Black aluminum enclosure and includes 2 loud horns.
- ✳ Approved under the cULus standard.

Inside glass



Outside glass



Ideal for hanging over glass



For more information, contact OES Inc., at:

TF: 1-877-652-5833 ~ PH: (519) 652-5833

Fax: (519) 652-3795 ~ Email: oes@oes-inc.com

**www.oes-scoreboards.com**



# SHOT CLOCKS ORDER FORM

	PRICE (tax not included)	QTY		TOTAL
<b>OES Shot Clock Set**</b> Includes: 2 shot clocks, 1 wireless RF ISC-HH hand held controller, horn in each unit, and removable hooks to hang over glass.  Note: Please indicate whether inside or outside hooks are preferred.	\$1460.00	Inside		
		Outside		
Carry Bag	\$66.00			

### METHOD OF PAYMENT

Visa Only     Cheque (Please make cheques payable to OES Inc.)

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Card Holder: \_\_\_\_\_

SUBTOTAL = \$ \_\_\_\_\_

Shipping & Handling

Approx. \$50.00 x qty \_\_\_\_\_ = \$ \_\_\_\_\_  
(per OES shot clock set)

HST (13%) = \$ \_\_\_\_\_

TOTAL = \$ \_\_\_\_\_

Signature: \_\_\_\_\_

\*\* Note: Extra shipping charges apply to quantities greater than 1 OES shot clock set.

### INVOICE TO:

Team Name\*: \_\_\_\_\_

Contact\*: \_\_\_\_\_

Street\*: \_\_\_\_\_

City\*: \_\_\_\_\_

Province\*: \_\_\_\_\_ Postal Code\*: \_\_\_\_\_

Phone\*: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### SHIP TO:    Same as invoice

Organization\*: \_\_\_\_\_

Contact\*: \_\_\_\_\_

Street\*: \_\_\_\_\_

City\*: \_\_\_\_\_

Province\*: \_\_\_\_\_ Postal Code\*: \_\_\_\_\_

Phone\*: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\* Required information



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