

FOR OFFICE USE ONLY

 QUOTE #

 DATE EST.

 SALES

 P.O. #

 ORDER #

ORDER FORM

Beware of imitators and secondhand product sold from unsupported sources.
 If the organization you are dealing with is not listed on our Authorized Sales Organization directory on our web-site, they do not have the capability to support the product properly and are not representatives of Safety Chairs.

BILL TO:

 FIRST NAME MIDDLE LAST NAME

 COMPANY NAME (IF APPLICABLE)

 STREET ADDRESS CITY

 STATE/PROVIDENCE ZIP CODE COUNTRY

 PHONE NUMBER FAX NUMBER
SHIP TO: CHECK IF SAME AS BILLING ADDRESS

 FIRST NAME MIDDLE LAST NAME

 COMPANY NAME (IF APPLICABLE)

 STREET ADDRESS CITY

 STATE/PROVIDENCE ZIP CODE COUNTRY

 PHONE NUMBER FAX NUMBER
FAX ORDER TO:
641-342-1741
OR CALL TOLL FREE:
877-760-0868

Please visit our web-site for more information:

www.safetychairs.net

ORDER DETAILS

 SPECIAL INSTRUCTIONS OR COMMENTS
 (If Applicable, Enter Promotions Code Here)

 E-MAIL ADDRESS
 (Order Contact E-mail for Quote/Order)

 MODEL #

 QUANTITY CHAIRS

 UNIT COST* \$

 QUANTITY COVERS

 UNIT COST* \$

 QUANTITY HANGER UNITS

 UNIT COST* \$

 SUB -TOTAL \$

 SALES TAX 8.0% (CA RES ONLY) \$

 SHIPPING & HANDLING \$

 TOTAL \$

METHOD OF PAYMENT:

WE GLADLY ACCEPT:


 CHECK

 Make check payable to: **CDA / Safety Chairs**
 CREDIT CARD PURCHASE ORDER PO#
 VISA DISCOVER MASTERCARD AMERICAN EXPRESS

 # EXP. DATE MM-YYYY

 NAME AS IT APPEARS ON CARD:

 CREDIT CARD BILLING ADDRESS:
 STREET ADDRESS

 CITY STATE ZIP CODE

 SIGNATURE DATE
***IF APPLICABLE, PRICE QUOTATION VALID FOR 30 DAYS FROM DATE ISSUED**