

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

MODEL #

QUANTITY CHAIRS

UNIT COST\* \$

QUANTITY COVERS

UNIT COST\* \$

QUANTITY HANGER UNITS

UNIT COST\* \$

SUB -TOTAL \$

SALES TAX 7.0% (IA RES ONLY) \$

SHIPPING & HANDLING \$

TOTAL \$

Contact us and find more information online:

[www.safetychairs.net](http://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)

METHOD OF PAYMENT:

WE GLADLY ACCEPT:



CHECK

Make check payable to: **CDA / Safety Chairs**

CREDIT CARD  PURCHASE ORDER PO#

VISA  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**