

Sold to:

Customer # _____

P.O. Number _____

Company Name _____

Buyer's Name/Title _____

Street Address _____

City/State/Zip _____

Phone _____

Fax _____

E-mail _____

Ship to:*Fill out if different from above.*

Company Name _____

Contact/Title _____

Street Address _____

City/State/Zip _____

Order Information**Safe-T-Chair®**

Quantity	Product Description	Unit Price	Total
	16", 18" & 20" Safe-T-Chair® including foot-rests	\$450	
	Add Super Heim to any chair	\$200	
	Add shipping & handling (per chair)	\$45	

Subtotal

Safe-T-Chair® Accessories

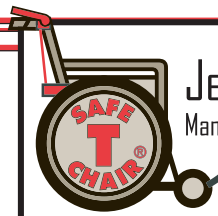
Quantity	Product Description	Unit Price	Total
	Oxygen Tank Holder	\$98	
	Anti-Tippers	\$60	
	Leg-rest upgrade on Safe-T-Chair®	\$60	
	2 inch seat cushion to fit 18" or 20" wheelchair	\$60	
	3 inch seat cushion to fit 18" or 20" wheelchair	\$70	
	4 inch seat cushion to fit 18" or 20" wheelchair	\$75	

Subtotal

Payment Method

- Check (Please include with order form)
- Credit Card (Please order through website)
- www.JerryFordCompany.com

Payment must be included with order to receive posted pricing. If this is not possible, contact us for details.

Total**Jerry Ford Company, LLC**

Manual Wheelchairs with Fall Intervention & Safety Systems

29309 Hwy 74 ~ St. Charles, MN 55972

Toll Free: 1-866-800-6049

Office: 507-536-7777 Fax: 507-932-8833

Email: sales@jerryfordcompany.com

www.JerryFordCompany.com**Users Measurements****Height**

_____ inches

Weight

_____ lbs

Hip Width

_____ inches

These measurements are necessary to fit the user with the correct size chair.

