



# AQUATIC ACCESS INC.

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## CUSTOMER ORDER FORM

DATE \_\_\_\_\_ PURCHASE ORDER # \_\_\_\_\_

- INDIVIDUAL
- CONSUMER
- CONTRACTOR
- MEDICAL DEALER
- POOL DEALER

**MEASUREMENTS  
REQUIRED WITH  
LIFT ORDER**

ORDERED BY \_\_\_\_\_

### FOR AQUATIC ACCESS USE ONLY:

INVOICE NUMBER \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

DIMENSIONS  REQUESTED

RECEIVED

PREPAID

C.O.D.

WHERE DID YOU LEARN ABOUT AQUATIC ACCESS? \_\_\_\_\_

### BILL TO:

ATTENTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

### SHIP TO:

ATTENTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

### QTY ITEM DESCRIPTION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### PRICE

\$ _____
_____
_____
_____
_____

### OPTIONAL ACCESSORIES

- SEAT COLOR:  WHITE  BLUE
- FLIP-UP ARM:  ONE (1)  TWO (2)
- SEAT BELT:  ONE (1)  TWO (2)
- HEAD REST:  YES  NO

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

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

FREIGHT (Aquatic Access will calculate) \_\_\_\_\_

ORDER TOTAL \$ \_\_\_\_\_

**PAYMENT METHOD:**  CHECK  WIRE TRANSFER  CREDIT CARD

CARDHOLDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

AMERICAN EXPRESS



DISCOVER



MASTERCARD



VISA



CARD NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE \_\_\_\_ / \_\_\_\_ SECURITY CODE \_\_\_\_\_