ORDER FORM

DATE PURCHASE ORDER #		FOR AQUATIC ACCESS USE ONLY:		
□ INDIVIDUAL		INVOICE NUMBER		
☐ CONSUMER	DIMENSIONAL	SERIAL NUMBER		
☐ CONTRACTOR WORKSHEET		DIMENSIONS REQUESTED		STED
☐ MEDICAL DEALER			☐ RECEI\	/ED
☐ POOL DEALER	LIFT ORDER	_		
ORDERED BY		PRE	☐ PREPAID ☐ C.O.D.	
WHERE DID YOU LEAR!	N ABOUT AQUATIC ACCES	S?		
BILL TO:		SHIP TO:		
ATTENTION:		ATTENTION:		
PHONE				
FAX				
E-MAIL				
QTY ITEM DESCRIPTION		PRICE	PRICE OPTIONAL ACCESSORIES	
		\$	_ SEAT COLOR: □ WHI	ΓE □ BLUE
			– FLIP-UP ARM: □ ONE	
			– SEAT BELT: □ ONE	(1) TWO (2)
			HEAD REST: ☐ YES	□ NO
CURTOTAL				
SUBTOTAL FREIGHT (Aquatic Access will calculate) ORDER TOTAL		\$		
		\$		
PAYMENT METHOI	D: CHECK	□ WIR	ETRANSFER	CREDIT CARD
CARDHOLDER				
ADDRESS				
		OVER		□ VISA
CARD NUMBER				