

RELAX Personal Form Back - Seating



INFORMATION

Customer Name: _____
 Address: _____ PO #: _____
 City: _____ Phone #: _____ Date: _____
 Account #: _____ Authorizer Name: _____

STANDARD SIZES

<input type="checkbox"/> SHUF16	Personal Form Back 16" X 18"	\$848
<input type="checkbox"/> SHUF18	Personal Form Back 18" X 18"	\$848

COVER OPTIONS

<input type="checkbox"/> SHUFCOV1	Standard	N/C
<input type="checkbox"/> SHUFCOV2	TEK4 Infection Control Complete Cover	N/C
<input type="checkbox"/> SHUFCOV7	TEK4 Infection Control 4" Bottom Protector	N/C

CUSTOM WIDTH

<input type="checkbox"/> SHUFCW	Personal Form Back Custom Width	\$1,031
Height:	<input checked="" type="checkbox"/> 18"	
Width:	_____	

EXTRA COVER

<input type="checkbox"/> SHUFCOV3	Standard Cover	\$119
<input type="checkbox"/> SHUFCOV4	TEK4 Infection Control Complete Cover	\$119
<input type="checkbox"/> SHUFCOV8	TEK4 Infection Control 4" Bottom Protector	N/C
<input type="checkbox"/> SHUFCOV5	Custom Cover <input type="checkbox"/> Standard <input type="checkbox"/> TEK4	\$161
<input type="checkbox"/> SHUFCOVW	Width: _____	
<input type="checkbox"/> SHUFCOVH	Height: _____	

*Note: Please enter the size above for standard or custom cover

CUSTOM HEIGHT

<input type="checkbox"/> SHUFCH	Personal Form Back Custom Height	\$1,031
Height:	_____	
Width:	<input type="checkbox"/> 16" <input type="checkbox"/> 18"	

CUSTOM SIZES

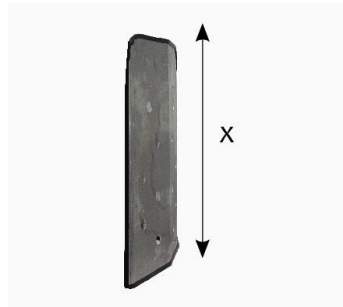
<input type="checkbox"/> SHUFC	Personal Form Back Custom	\$1,213
Height:	_____	
Width:	_____	

ADDITIONAL OVERLAYS

<input type="checkbox"/> SHUFOLV1	Visco Overlay Half (3 Pieces)	\$418
<input type="checkbox"/> SHUFOLV2	Visco Overlay Full (6 pieces)	\$835
<input type="checkbox"/> SHUFOLG1	Gel Overlay Half (3 Pieces)	\$418
<input type="checkbox"/> SHUFOLG2	Gel Overlay Full (6 Pieces)	\$835

PIN OPTIONS

<input type="checkbox"/> SHUFP1	1" Long Pins	\$48
(Standard) <input type="checkbox"/> SHUFP34	3/4" Long Pins	N/C



NO LATERAL
 X = Standard shell height 18"