

# ENABLING TECHNOLOGIES ORDER FORM/ REPAIR WORK ORDER

NAME \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

HANDICAPP: \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

SHIP DATE: \_\_\_\_\_ SHIPPER: \_\_\_\_\_

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| EQUIPMENT ORDERED:                 | PRICE:   | Crutches:                | PRICE    |
|------------------------------------|----------|--------------------------|----------|
| <b>Outriggers:</b>                 | \$309.00 | <b>Adjustable:</b> _____ | \$350.00 |
| Type: _____                        |          | <b>Custom:</b> _____     | \$425.00 |
| Style: _____                       |          | Specs: X _____ Y _____   |          |
| Size: _____                        |          | Style: _____             |          |
| Color: solid/ custom _____         | \$25/100 | Size: _____              |          |
| Basket Brakes: claw/neutered _____ | \$20.00  | Custom Color _____       | \$100.00 |
| Cuff Strap: _____                  | \$20.00  | Solid Color _____        | \$25.00  |
| Shipping: ground per pair          | \$25.00  | S & H                    | \$25.00  |

**(Refer to shipping price sheet for air/international)**

**TOTAL:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

## REPAIR WORK ORDER /WARRANTY WORK

**EQUIPMENT TO BE REPAIRED:** \_\_\_\_\_ **SERIAL#** \_\_\_\_\_

**PARTS:**

**LABOR: TIME INVOLVED**

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**Total Parts:**      **Total Labor:**      **Tax:**      **Shipping:**      **TOTAL:** \_\_\_\_\_