FAX - ORDER FORM

1.330.572.2603

Date ___/___/____ PO# or Quote:_____ Marked for_____

Ship to: Account #: _____
Company: _____
Address: _____
Address2: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____

For a Price Quote - Please write "QUOTE" on PO line

Additional Information: RTS Name: _____

RTS email: _____

Wheelchair Information: Manufacturer: _____ Model: _____
Frame Width: _____ Seat Depth: _____
Back Height: _____ Hanger tubing size: _____
Other information: _____

Quantity	U of M	Catalog Part Number	Description

NOTES:

*Please use the **Custom Order Form** for custom made parts!*

2023 Romig Rd., Akron, Ohio. 44320-3819
800.837.4544 Fax-330.572.2603 - 330.753.9799 - www.millersadaptive.com