

90MD

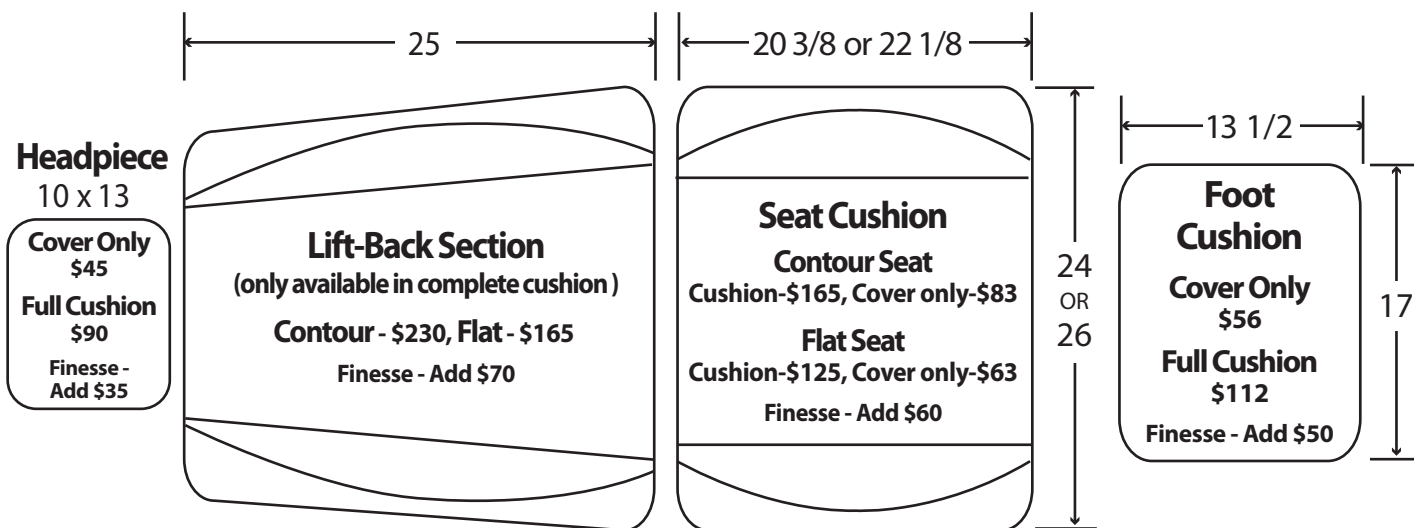
Please circle the cushions and sizes you need.

Indicate to the right, full-cushion or covers-only as well as upholstery preferences.



Cushion Color _____

Table Serial # _____



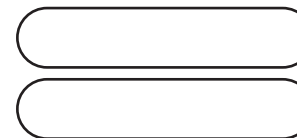
Check all that apply:

- Cover only
- Full cushion with foam and wood
- Standard upholstery
- Finesse upholstery

(Add \$230 for full set)

- 24" width
- 26" width

Set of Armrests
\$40/ Full Cushion \$80
Finesse - Add \$30



Full Cushion Sets - Subtract 15%

For Finesse material, see additional charge under each cushion price above.

(Finesse charges are added after discount)



Fax to: **770-966-9073**

Or scan & e-mail to:

orders@spectrum4med.com

Credit Card Information*

CC Number _____

Exp. Date ____ / ____ Security Code _____

*You may call-in this information to 800-864-3894

Please confirm that your measurements match ours and note any dimensions that may differ. Circle the cushions you need and check the boxes to the right to complete the form. Your signature indicates that you have verified all the sizes. Please be advised that you are responsible to pay for cushions that are made to your specifications.

Signature _____ Date _____ Phone (____) _____ Email _____

Address _____ City _____ State _____ Zip _____