

Order Form

Customer

*Company Name: _____ ACN: _____

Duly authorised company representative/director

or individual name (if not a company): _____

Address for delivery

Street: _____

Suburb: _____ State: _____ Postcode: _____

Contact Details

Phone: _____ Mobile: _____

Email: _____

The following must be completed to reduce the likelihood of delays in processing your application.

Please provide the details or your required order:

Tick one	Qty	Omni Table	Price
<input type="checkbox"/>	___	Omni Total Drop Stationary	USD \$4995.00
<input type="checkbox"/>	___	Omni Total Drop Elevation	USD \$6,495.00 Down to USD \$5,995.00
<input type="checkbox"/>	___	Omni Total Air Drop Elevation	USD \$7,995.00
<input type="checkbox"/>	___	Omni Elevation with Flexion	USD \$7,995.00

Qty Table Height

___ 46cm / 18 inches

___ 51cm / 20 inches

___ 56cm / 22 inches

___ 61cm / 24 inches

Colour: _____ (Please choose from website options)

Spare?	Qty	Chiropractic Table Spare Parts	Price
<input type="checkbox"/>	___	Omni replacement pads	USD \$495.00
<input type="checkbox"/>	___	Gas lift strut (head piece) Small / Large	USD \$ 85.00

Extras?	Qty	Option Extras	Price
<input type="checkbox"/>	___	Elevated chest drop	USD \$250.00

I, the individual or duly authorised representative of the company above, accept the terms and conditions at page 2 and confirm Omni Tables to process this executed order:

Signed: _____

Date: _____