

# Order Form

**Customer**

\*Company Name: \_\_\_\_\_ ABN: \_\_\_\_\_

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:

<b>Tick one</b>	<b>Qty</b>	<b>Omni Table</b>	<b>Price</b>
<input type="checkbox"/>	___	Omni Total Drop Stationary	USD \$4995.00
<input type="checkbox"/>	___	Omni Total Drop Elevation	<del>USD \$6,495.00</del> 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)

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

<b>Extras?</b>	<b>Qty</b>	<b>Option Extras</b>	<b>Price</b>
<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: \_\_\_\_\_