

# Order Form

**Customer**

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

Duly authorised company representative/director

or individual name (if not a company): \_\_\_\_\_

**Address for delivery**

Street: \_\_\_\_\_

**Contact Details** Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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	AUD \$6,495.00
<input type="checkbox"/>	___	Omni Total Drop Elevation	AUD \$8,995.00
<input type="checkbox"/>	___	Omni Total Air Drop Stationary	AUD \$7,995.00
<input type="checkbox"/>	___	Omni Total Air Drop Elevation	AUD \$10,495.00

**Qty Table Height**

\_\_\_ 46cm

\_\_\_ 51cm

\_\_\_ 56cm

\_\_\_ 61cm

**Colour:** \_\_\_\_\_ (Please choose from website options)

<b>Spares?</b>	<b>Qty</b>	<b>Chiropractic Table Spare Parts</b>	<b>Price</b>
<input type="checkbox"/>	___	Omni replacement pads	AUD \$645.00
<input type="checkbox"/>	___	Gas lift strut (head piece) Small / Large	AUD \$ 85.00

<b>Extras?</b>	<b>Qty</b>	<b>Option Extras</b>	<b>Price</b>
<input type="checkbox"/>	___	Silent Compressor	AUD \$1,500.00

**NOTE:**

 After filling up the form, click the PRINT button and select "save as PDF" from the options, then email it to us: [help@omnitable.com.au](mailto:help@omnitable.com.au)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_