EVAC+CHAIR®

THE WORLD'S NO.1 STAIRWAY EVACUATION CHAIR SINCE 1982

Order Form

Order Date: _____ Purchase Order Number: _____

Contact Name: _____ Telephone Number: _____

E-Mail Address for Confirmation: _____

BILL TO:

Organization: _____

Address: _____

Suite No: _____

City, State, Zip Code: _____

Attention: _____

SHIP TO:

Organization: _____

Address: _____

Suite No: _____

City, State, Zip Code: _____

Attention: _____

EVACUATION CHAIRS	QTY ORDERED	UNIT PRICE	EXT. PRICE
EVAC+CHAIR® 300H	@	$	$ 0.00
EVAC+CHAIR® 500H (500 lb)	@	$	$ 0.00
EVAC+CHAIR® 600H	@	$	$ 0.00
EVAC+CHAIR® IBEX® 700H	@	$	$ 0.00
EVAC+CHAIR® POWER 800	@	$	$ 0.00
CarryLite Transit Chair 200H	@	$	$ 0.00
ACCESSORIES/PRODUCTS			
Replacement Vinyl Dust Cover	@	$	$ 0.00
Comfy Seat	@	$	$ 0.00
EVAC+ALARM® Anti-Theft device	@	$	$ 0.00
EVAC+CHAIR® Patient Carrier Seat	@	$	$ 0.00
Ulti-Mat	@	$	$ 0.00
ResQmat	@	$	$ 0.00
Rescue Sheet	@	$	$ 0.00
Rescue Me	@	$	$ 0.00
Evacuaid	@	$	$ 0.00
IEVAC Escape Hood	@	$	$ 0.00
EVAC+CHAIR® Metal Storage Cabinet (300H)	@	$	$ 0.00
EVAC+CHAIR® Metal Storage Cabinet (500H/600H/700H)	@	$	$ 0.00
Other *(Please specify)*	@	$	$ 0.00
Other *(Please specify)*	@	$	$ 0.00
	@	$	$ 0.00
Shipping & Handling Charges			$ 0.00
Sales Tax			$ 0.00
Total Charges			$ 0.00

NY and NJ State Tax (where applicable)

Note: EVAC+CHAIR North America LLC Is only authorized to collect sales and use tax for the State of New York and New Jersey.
If applicable for your State or District, Please remit independently.

Special instructions/Comments

_____

_____

If paying by credit card the billing address must match the credit card used.

Card Number _____

Cardholder Name _____

Billing Address _____

Expiration Date _____ CSV# _____

Card Type (Visa, MasterCard, Amex) _____

GSA CONTRACT#: GS-07F-0162V. Our Federal ID: 26-1154735

Evac+Chair North America LLC

3000 Marcus Ave, Suite #3E6, Lake Success, NY, 11042-1012

T 516-502-4240 **F** 516-327-8220 **W** www.evac-chair.com **E** sales@evac-chair.com

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