## Order form for Metron Ausmedic table replacement covers.

- Choose your color retrieve name and number located at the bottom of each color sample on our website by pressing the color selection button (Naugahyde Spirit Millennium).
- Complete measurement form measure at the bottom of cushion for width and length. Measure the thickness of cushions including the board.
- Forward a picture of your table showing the top of the cushions and one picture of the side profile of your table to <a href="mailto:ChiropracticTableUpholstery@gmail.com">ChiropracticTableUpholstery@gmail.com</a>

If you require further information please contact us at 1.416.487.0258 or send an email to ChiropracticTableUpholstery@gmail.com

Kevin Hill 111 Lawton Blvd., Suite 708 Toronto, Ontario M4V 1Z9

Phone and Fax 1.416.487.0258

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## **ORDER FORM**

Date: Signature:				Zip/Postal Code:		
Name:				Phone:		
Address:				Fax:		
City:	ty: State/Prov:			Email:		
Metron Ausmedic ChiroMax		hiroVerti	ChiroHiLo			
		-				
QTY:	COVER		COLOR NUMBER	COVER PRICE	TOTAL COST	
	COMPLETE SET OF COVERS		~	\$299.75USD		
				Total		
Shipping						
Total						
Shipping and Handling for a complete set of covers \$39.75USD						
	Email: <u>chiropractictableup</u>	holstery@gm	ail.com to pa	y online by credit ca	ırd.	

Invoice from Kevin Hill via PayPal. You do not need a PayPal account to pay by credit card.

No C.O.D. orders, No Returns or Refunds as orders are made to your specifications, color choice and table model. Please measure carefully. Your order will take 12-15 business days to process following date of payment.

## **Cushion Thickness** Head Rest \_\_\_\_\_ Other Cushions\_\_\_\_\_ www.ChiropracticTableUpholstery.ca 1.416.487.0258

Metron Ausmedic ChiroVerti ChiroMax ChiroHiLo

Do to the age of some tables please measure all cushions for a proper fit of table upholstery covers and mark beside each arrow length/width. We will adjust the measurement from the standard size to fit your table if required.

Please attach this form with your order.

Color\_\_\_\_\_

Name

Phone #\_\_\_\_\_

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