



FUTURE
MOBILITY HEALTHCARE INC.



Account Information

Order Date: _____

Account #: _____
Business Name: _____
Ship to Address: _____
Fax: _____
Contact: _____

P.O.#: _____
Phone: _____
City: _____
Province: _____

Prism Basic Back

Model #	Description	List \$	QTY
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COVER MATERIAL

- WSC 4-Way Stretch Cover
- ICC Infection Control Cover

(Stock Sizes - Same Day Shipments) ADP CODE: SEBFM0005

<input type="checkbox"/>	BB1616	16"wide x 16"high	\$615
<input type="checkbox"/>	BB1620	16"wide x 20"high	\$615
<input type="checkbox"/>	BB1816	18"wide x 16"high	\$615
<input type="checkbox"/>	BB1820	18"wide x 20"high	\$615
<input type="checkbox"/>	BB2016	20"wide x 16"high	\$615
<input type="checkbox"/>	BB2020	20"wide x 20"high	\$615



(Non-Stock Sizes - Shipments within 3 Business Days) ADP CODE: SEBFM0010

<input type="checkbox"/>	BB1414	14"wide x 14"high	\$750
<input type="checkbox"/>	BB1618	16"wide x 18"high	\$750
<input type="checkbox"/>	BB1716	17"wide x 16"high	\$750
<input type="checkbox"/>	BB1720	17"wide x 20"high	\$750
<input type="checkbox"/>	BB1818	18"wide x 18"high	\$750
<input type="checkbox"/>	BB1916	19"wide x 16"high	\$750
<input type="checkbox"/>	BB1920	19"wide x 20"high	\$750
<input type="checkbox"/>	BB2018	20"wide x 18"high	\$750

(Custom Sizes - Shipments within 7 Business Days) ADP CODE: SEBFM0015

<input type="checkbox"/>	BBCUS	Custom Size	\$825
		width _____ (max 20")	
		height _____ (min 11")	

Headrest Mount

<input type="checkbox"/>	HEBA	UHRBA	\$61
<input type="checkbox"/>	SERV	UHRBA Installation	\$25