



FUTURE
MOBILITY HEALTHCARE
DIVISION OF ABF MFG GROUP INC.
WWW.FUTUREMOBILITY.CA



TEL: 905-671-1661
FAX: 905-671-3377

<u>Account Information</u>	Order Date: _____
Account #: _____	P.O.#: _____
Business Name: _____	Phone: _____
Ship to Address: _____	City: _____
Fax: _____	Province: _____
Contact: _____	

Bariatric Prism Ultra Back

Model #	Description	Price	QTY
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COVER MATERIAL

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

(Non-Stock Sizes - Shipments within 3 to 7 Business Days) ADP CODE: SEBFM2015

<input type="checkbox"/>	UB2116	21"wide x 16"high	\$1,150	_____
<input type="checkbox"/>	UB2118	21"wide x 18"high	\$1,150	_____
<input type="checkbox"/>	UB2120	21"wide x 20"high	\$1,150	_____
<input type="checkbox"/>	UB2216	22"wide x 16"high	\$1,150	_____
<input type="checkbox"/>	UB2218	22"wide x 18"high	\$1,150	_____
<input type="checkbox"/>	UB2220	22"wide x 20"high	\$1,150	_____
<input type="checkbox"/>	UB2316	23"wide x 16"high	\$1,150	_____
<input type="checkbox"/>	UB2318	23"wide x 18"high	\$1,150	_____
<input type="checkbox"/>	UB2320	23"wide x 20"high	\$1,150	_____
<input type="checkbox"/>	UB2416	24"wide x 16"high	\$1,150	_____
<input type="checkbox"/>	UB2418	24"wide x 18"high	\$1,150	_____
<input type="checkbox"/>	UB2420	24"wide x 20"high	\$1,150	_____



(Custom Sizes - Shipments within 3 to 10 Business Days) ADP CODE: SEBFM2020

<input type="checkbox"/>	UBBCUS	Custom Size	\$1,260	_____
		width _____ (max 24")		
		height _____ (min 14")		
		height _____ (min 14")		

Headrest Mount

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