



FUTURE

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



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

Account Information

Order Date: _____

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

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

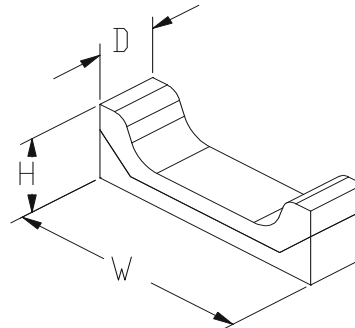
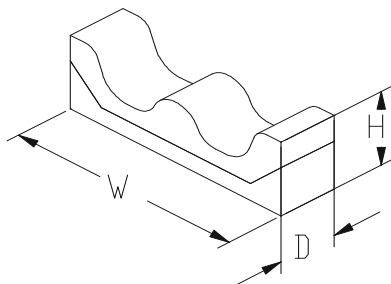
Model #	Description	List \$	QTY
SEAT BOLSTERS		ADP:	SESND1035

BOLSTER CUSHION WITH POMMEL – COMP. ASSEMBLY			
<input type="checkbox"/>	BOL1116	16Wx4Hx4D	\$180 _____
<input type="checkbox"/>	BOL1118	18Wx4Hx4D	\$180 _____
<input type="checkbox"/>	BOL1120	20Wx4Hx4D	\$180 _____
<input type="checkbox"/>	BOL1216	16Wx5.5Hx4D	\$180 _____
<input type="checkbox"/>	BOL1218	18Wx5.5Hx4D	\$180 _____
<input type="checkbox"/>	BOL1220	20Wx5.5Hx4D	\$180 _____

BOLSTER CUSHION W/O POMMEL – COMP. ASSEMBLY			
<input type="checkbox"/>	BOL1316	16Wx4Hx4D	\$180 _____
<input type="checkbox"/>	BOL1318	18Wx4Hx4D	\$180 _____
<input type="checkbox"/>	BOL1320	20Wx4Hx4D	\$180 _____
<input type="checkbox"/>	BOL1416	16Wx5.5Hx4D	\$180 _____
<input type="checkbox"/>	BOL1418	18Wx5.5Hx4D	\$180 _____
<input type="checkbox"/>	BOL1420	20Wx5.5Hx4D	\$180 _____

HAMMOCK BOLSTER CUSHION WITH POMMEL			
<input type="checkbox"/>	BOL1516	16Wx4Hx4D	\$190 _____
<input type="checkbox"/>	BOL1518	18Wx4Hx4D	\$190 _____
<input type="checkbox"/>	BOL1520	20Wx4Hx4D	\$190 _____
<input type="checkbox"/>	BOL1616	16Wx5.5Hx4D	\$190 _____
<input type="checkbox"/>	BOL1618	18Wx5.5Hx4D	\$190 _____
<input type="checkbox"/>	BOL1620	20Wx5.5Hx4D	\$190 _____

(custom sizes - shipments within 7 business days)			
SEAT BOLSTERS CUSTOM		ADP:	SEMCF209L
<input type="checkbox"/>	BOL1CUS	Custom Size.....	\$380 _____
		width _____ (min 24", max 32")	
		depth _____ (min 16", max 26")	



BOLSTER CUSHION W/O POMMEL – COMP. ASSEMBLY

BOLSTER CUSHION WITH POMMEL – COMP. ASSEMBLY