

REQUEST FOR QUOTE



RFQ # _____

DATE OF QUOTE: _____

REQUESTED BY: _____

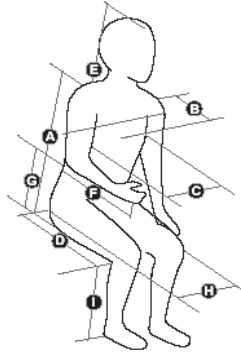
DEALER NAME: _____

PHONE: _____

DEALER LOCATION: _____

FAX: _____

CLIENT HEIGHT:	
CLIENT WEIGHT:	
GENDER:	
A. SEAT TO SHOULDER:	
B. TRUNK DEPTH:	
C. CHEST WIDTH:	
D. KNEE TO BACK:	
E. SEAT TO HEAD:	
F. ELBOW TO HAND:	
G. SEAT TO ELBOW:	
H. HIP WIDTH:	
I. KNEE TO HEEL:	
CUSHION THICKNESS:	



SPECIAL CLIENT CONDITIONS / OPTIONS:

BASE TYPE: _____

BACK HEIGHT: _____

SEAT SIZE: _____

BACK TYPE: _____

TILT TYPE: _____

ARMREST: _____

RECLINE TYPE: _____

ARM PADS: _____

ESR: _____

STF HEIGHT: *(Unless specified STF will vary)*

POWER ELEVATING SEAT: _____

CONTROL DEVICE: _____

LEGREST & FRONT RIGGING: _____

VENT TRAY: _____

ADDITIONAL NOTES:
