



# UPHOLSTERY ORDER FORM

**Billing Information:** (please indicate if different from shipping address) Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Model # \_\_\_\_\_

State: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Serial # \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_ Est. Age \_\_\_\_\_

**Type of Payment:** Credit Card Type:  Visa  Mastercard  Discover  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 For all other forms of payment, please contact our customer service department at 800-441-4967.

Circle One:	<b>Cushion Set</b>	<b>Cover Set</b>	<b>New Cushion Choices --</b> Cushion Sets available with custom sewn, tailored corners. Vinyl Ankle scuff guard add \$20.00. Illinois residents add 7.25% sales tax. *Extra Wide Pelvic and Ankle cushions N/A for tables prior to 1986. **Obsolete bent wood pelvic base plates need extra adapter kits to convert to flat.
<i>Sensation</i>	\$575.00	\$425.00	
<i>Genuine Leather</i>	\$825.00	\$675.00	
<i>Heritage</i>	\$650.00	\$475.00	
Color Choice (See Chart)			

- Qt.** \_\_\_\_\_ **Cushion Set(s)** = covers assembled to new board with new foam fillers.  
 \_\_\_\_\_ **Cover Set(s)** = un-sewn die cut flat goods with coordinating trim edging, attach to existing boards.

All cushion orders must have a serial number or model number for proper fit. For tables prior to July 1983, new boards will need to be drilled and fitted on-site. Due to color variations, covers and cushions are not sold individually. Shipping & handling costs are additional.

**NOTE:** Please indicate the type of cushions (by letter designation) that is currently on the table.

Check Cushions Required:	Cushion Type A	Cushion Type B	Cushion Type C
Handboard (Not Padded) <input type="checkbox"/>	Small	Gonstead Large	Large
Face Set <input type="checkbox"/>	Split	U-Face	
Breast (Dorsal) <input type="checkbox"/>	One Piece	Split	
Abdominal <input type="checkbox"/> (Lumbar)			
Pelvic <input type="checkbox"/> Pelvic drop? YES or NO [ ___ 18" Standard, or ___ 21" Xwide* ]	** See Note Approx. 6 in. Cutout	** See Note Approx. 3 in. Cutout	
Ankle ___ 18" or ___ 21" <input type="checkbox"/>	One Piece	Split	___ Vinyl Ankle Scuff Guard (add: \$20.00)
Armrest set <input type="checkbox"/>	Short 7 inch	Long 13 -1/2 inch	Metal

**Extra Material:** \_\_\_\_\_ **Sensation** or \_\_\_\_\_ **Genuine Leather** **Color:** \_\_\_\_\_ **Number of Yards:** \_\_\_\_\_

Form - rev.2 (04/05) Office use only: Customer # \_\_\_\_\_ WorkOrder # \_\_\_\_\_ Ordered By: \_\_\_\_\_



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