

CUSTOM ORDER REQUEST FORM

Fax: (310) 305-1718/Phone: (310) 454-6612, ext. 100

STEP #1: DEALER INFORMATION

Date of Request: _____ Order Taken By: *(Print Name)* _____
Contact Name: _____ Facility/Workplace: _____ Account #: _____
Phone: _____ Fax: _____ E-mail: _____

STEP #2: USER/PATIENT INFORMATION

Marked for Name: _____ Disability: _____
Weight: _____ Height: _____ Other Measurements: _____
Comments: _____

STEP #3: PRODUCT INFORMATION

Model #: _____ Product Description: _____
Custom Description: _____

STEP #4: CUSTOM MODIFICATION INFORMATION

(Please provide a detailed description and sketch of desired modification. Attach extra sheet if necessary.)

STEP #5: APPROVAL TO PROCEED WITH CUSTOM MODIFICATION

Purchase Order #: _____ Approval Date: _____
Print Name: _____ Authorized Signature: _____

FOR COLUMBIA USE ONLY

Model/Part #: _____ Description: _____ Custom Work Cost: _____
Print Name: _____ Authorized Signature: _____

NOTE: It is the Dealer's responsibility to inquire about reimbursement possibilities for a custom order. In some cases, the customized features may not qualify for reimbursement from funding sources.

~ CUSTOM ORDERS ARE NON-RETURNABLE AND NON-REFUNDABLE ~