CHAIR ORDER FORM

Company: _____ **Department:** _____

Contact: _____ **Date:** _____

Phone: _____ **Fax:** _____

Email: _____ **Purchase Order:** _____

PRODUCT DESCRIPTION

		Chair Model							Back Rest		Seat Base Length					Armrests		Lever Options		Additional Features									Fabric		Colour
Name	QTY	Bodyfit	Bodystyle	Bodyform	Bodyflex	Bodyrise	BodyExec	BodyOpus	Mid back	High back	XS (43cm)	S (45cm)	M (48cm)	L (50cm)	XL (52 or 54cm)	Swing Away	Adjustable	Duomatic	Tiltomatic	Lumbar Plus	20mm Extra Seat Foam	Extended Back Bar	Extended Gas Lift	Low Gas Lift	Extra Low Gas Lift	Chrome Base	Aluminium Base	Break Load Casters	Instyle "Think"	Sustainable Wool	

INVOICE ADDRESS

Postal _____

Suburb _____ Post Code _____

Contact _____

Email _____ Phone _____

DELIVERY ADDRESS ☐ **Tick if same as Invoice Address**

Street _____

Suburb _____ Post Code _____

Contact _____

Email _____ Phone _____

E: info@bodysmart.com.au P: 1300 727 439 F: (08) 9205 1759 A: PO Box 3112, Perth Adelaide Terrace 6832