

BACK 2 HEALTH® ORDER CHECKLIST
1-888-362-5900

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TYPE OF ARTIST: _____

BUSINESS ADDRESS: _____

PHONE #: (H) _____ (W) _____

E-MAIL: _____

WHERE DID YOU HEAR OF US: _____

MODEL A _____ MODEL B _____ \$315.00 _____

SEAT CUSHION _____ COLOR _____ \$38.00 _____

BACK CUSHION _____ COLOR _____ \$40.00 _____

TOTE BAG _____ COLOR _____ \$24.00 _____

UNDER CHAIR BAG - BLACK \$35.00 _____

CARRYING CASE - BLACK \$60.00 _____

WORK STATION (R) _____ (L) _____ \$30.00 _____

LOGO _____ (custom order - call for price) _____

SHIPPING - CALL FOR SHIPPING & HANDLING _____

WISCONSIN TAX (IF SOLD IN WI) _____

TOTAL _____

PAID BY CHECK _____ CREDIT CARD _____

VISA/MASTERCARD # _____ EXP. DATE _____