

Standard **Mandatory fields:**¹
Information required for processing

Option field

ORDER
 QUOTE

HCPSC Code – E0986

Invoice address

cust. no. _____
 PO no. _____

Company _____
 Street _____
 City _____ State _____ ZIP _____

Shipping address (if different from invoice address)

Company _____
 Street _____
 City _____ State _____ ZIP _____

Order marked for _____

Select a SMOOV

- SMOOV one O10** – max speed 4 MPH (SKU 1592897) **\$6895.00**
(includes mounting kit)
- SMOOV one O10** – max speed 6 MPH (SKU 1592898) **\$6995.00**
(includes mounting kit)

Please refer to your pricelist.

Type of order

- Mounting by Dealer² (Please fill out the „Wheelchair profile“ section completely!)
- Mounting at Alber³ **\$45.00**

Rigid wheelchair profile

Wheelchair manufacturer
(e.g. TiLite, Sunrise, Ki) _____

Model (e.g. ZRA, Q7, Rogue) _____

Year of manufacture _____

Seat width _____

Rear seat to floor height _____

Folding wheelchair profile

Wheelchair manufacturer
(e.g. Invacare, TiLite, Ki) _____

Model
(e.g. ProSPIN, Aero X, Catalyst 5) _____

Year of manufacture _____

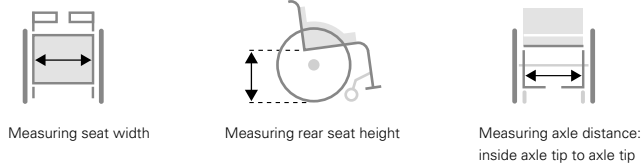
Wheel size _____

Seat width _____

Camber of wheels _____

Rear seat to floor height _____

Measuring



Need help measuring? We can send you a video.

Compression Tubes

Interior distance between axles _____
 Fits chair widths 14"–19"
 Anti-tippers may interfere with drive wheel rotation

- | | |
|--|---|
| <input type="checkbox"/> 11.2–12.0" 1593053 | <input type="checkbox"/> 14.4–15.2" 1593056 |
| <input type="checkbox"/> 12.0–12.8" 1593054 | <input type="checkbox"/> 15.2–16.0" 1593057 |
| <input type="checkbox"/> 12.8–13.6" 1593058 | <input type="checkbox"/> 15.9–16.75" 1593970 |
| <input type="checkbox"/> 13.6–14.4" 1593055 | |

Comments (mounting, delivery etc.)

Contact name _____ Email _____

Date ____/____/____ Signature of buyer _____

1 In order to smoothly and quickly process your order we require ALL information in the fields highlighted in blue.
 2 Installation kits can only be shipped to trained dealers.
 3 Please send the wheelchair, shipping prepaid, with a copy of this order as soon as possible.

