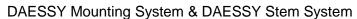
## Direct Sales Order Form





Order Contact Name:		Date:		
Contact Phone or Email:				
Ship To: (Name)		Billing Option (select one):		
(Company)				
(Address)		Prepay Check(call for total)		
		Visa/MC (ca	all (800) 561-5570	& sign below)
		X		
(Country)(Phone)		Purchase Order no		
				Quantity Part-code
				1
				<u> </u>
Standard delivery time 1-3 weeks.		0.1	Subtotal:	
Call Daedalus Technologies, Inc. for Shipping & Handling amount		Shipping & Handling:		
Mail Order Form to: Daedalus Technologies, Inc 2511 Vauxhall Place Richmond, BC V6V 1Z5 Canada		Includ	de additional information	on a separate page
E-mail Order Form to: daessy@daessy.com		Fax Order Form to:	(604) 244-8443	
Phone Orders are NOT accented	Thank you			

When ordering a complete mounting assembly the size & shape of the wheelchair frame to which the mount will be attached must be measured by the purchaser/prescriber and indicated on the order form. Wheelchair manufacturers vary tubing size and shapes within model lines and within model years, the name of the wheelchair is not sufficient information to determine what Frame Clamp Inner Piece is necessary. If no size is indicated on the order a 1" round clamp will be included by default, exchanges are subject to fees.