Direct Sales Order Form

DAESSY Mounting System & DAESSY Stem System

Order Contact Name: _____ Date: _____

Phone No. or Email: _____

Fax No. : _____

Ship To: (Name) _____

(Company) _____

(Address) _____

_____

_____

(Country) _____

(Phone) _____

Billing Option (select one):

COD

Prepay (call for total)

Credit Card (call 800 561-5570)

X _____

Purchase Order no. _____

P.O. for School Districts, Government Agencies & institutions only. Please attach original P.O.

Quantity	Part-code	Description	Price

Standard delivery time 2-4 weeks.

Subtotal: _____

Call Daedalus Technologies, Inc. for Shipping & Handling amount

Shipping & Handling: _____

Include additional information on a separate page.

Mail Order Form to: Daedalus Technologies, Inc
2511 Vauxhall Place
Richmond, BC V6V 1Z5 Canada

Fax Order Form to: (604) 244-8443

Phone Orders are NOT accepted. 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.