

PREMIUM SERIES MEDICAL RECLINERS

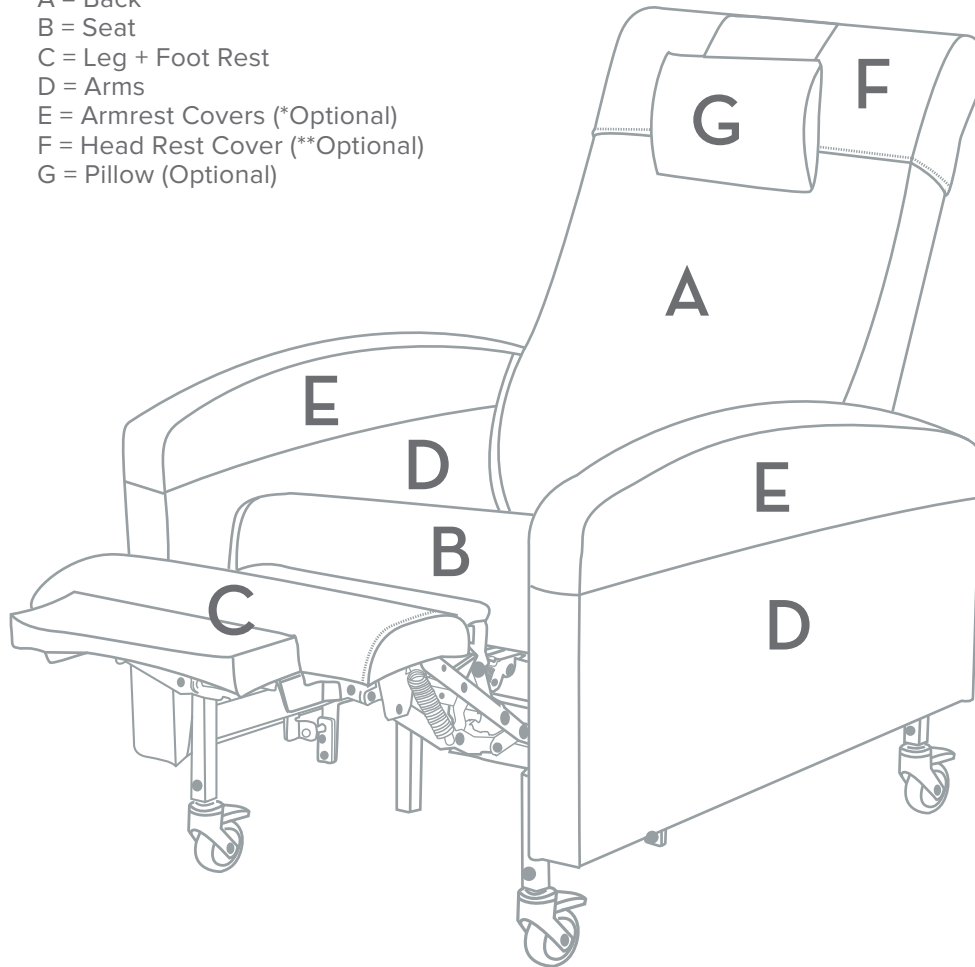
TWO-COLOR CUSTOMIZATION FORM



KEY

- A = Back
- B = Seat
- C = Leg + Foot Rest
- D = Arms
- E = Armrest Covers (*Optional)
- F = Head Rest Cover (**Optional)
- G = Pillow (Optional)

CHAIR MAP



DATE _____

SELECT TWO COLORS

Color 1 _____

Color 2 _____

SPECIFY VINYL PLACEMENT

RECLINER SECTION	VINYL COLOR	1 color per section, no more than 2 colors per chair
A (Back)		
B (Seat)		
C (Leg/Foot Rest)		
D (Arms)		
E (*Armrest Cover)		
F (**Head Rest Cover)		
G (Pillow)		

**(E) Arm Rest Cover not available with Urethane Arms*

*** (F) Headrest Cover is standard on all Vero 6 Series models & Inverness*

CUSTOMER INFORMATION

Requested By _____

Company _____

TO BE COMPLETED UPON ORDER

I approve the above color selections and placement. I understand that this is a custom order and cannot be cancelled or returned outside of warranty claims.

Approver Name (Print): _____

Approver Signature (Sign): _____

Customer PO # _____

Date Approved (MM/DD/YYYY): _____

INTERNAL USE ONLY

Sales Order # _____

Full Model # _____

CONTACT US

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