PREMIUM SERIES MEDICAL RECLINERS

TWO-COLOR CUSTOMIZATION FORM



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

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)		
1 /		
Company		
TO BE COMPLETED I approve the above color s	UPON ORDER selections and placement. I understand that this is a se cancelled or returned outside of warranty claims.	
Approver Signature (Sig		
Customer PO # ———		
)/YYYY):	
INTERNAL USE ONL	.Y	
Sales Order # ——— Full Model # ————		
I dil Model #		

CONTACTUS

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