

☐ 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 _____

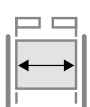
Order marked for _____

Select a SMOOV☐ **SMOOV one O10** – max speed 6 MPH (SKU 1592898) **\$7,309.00**
(includes mounting kit)**Please refer to your pricelist.****Rigid wheelchair profile**Wheelchair manufacturer
(e.g. TiLite, Sunrise, Ki) _____

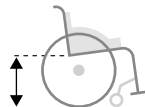
Model (e.g. ZRA, Q7, Rogue) _____

Year of manufacture _____

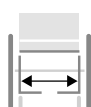
Seat width _____

Rear seat to floor height
(15.75" minimum height) _____**Measuring**

Measuring seat width



Measuring rear seat height

Measuring axle distance:
inside axle tip to axle tip**Need help measuring? We can send you a video.****Shipping address** (if different from invoice address)

Company _____

Street _____

City _____ State _____ ZIP _____

Type of order☐ Mounting by Dealer² (Please fill out the "Wheelchair profile" section completely!)☐ Mounting at Alber³ **\$65.00****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
(15.75" minimum height) _____**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 | | |

Accessories☐ 1594521 Carry Case - Black **\$300.00****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.