

ERGOCHAIR
for Little People

FOR CREDIT CARD ORDERS ONLY	Expiration date
Credit Card Number:	-
Name as Printed on Credit Card:	
Statement Mailing Address:	
	Amount \$
Card Type: VISA __ MASTER CARD__ DISCOVER__ AM EXPRESS__	Verify ID #
SIGNATURE:	

phone: 772-781-6153 fax: 888-781-9151, 4981 S.E. Sterling Circle, Stuart, FL 34997
www.adaptiveliving.com email: vanetten@adaptiveliving.com

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