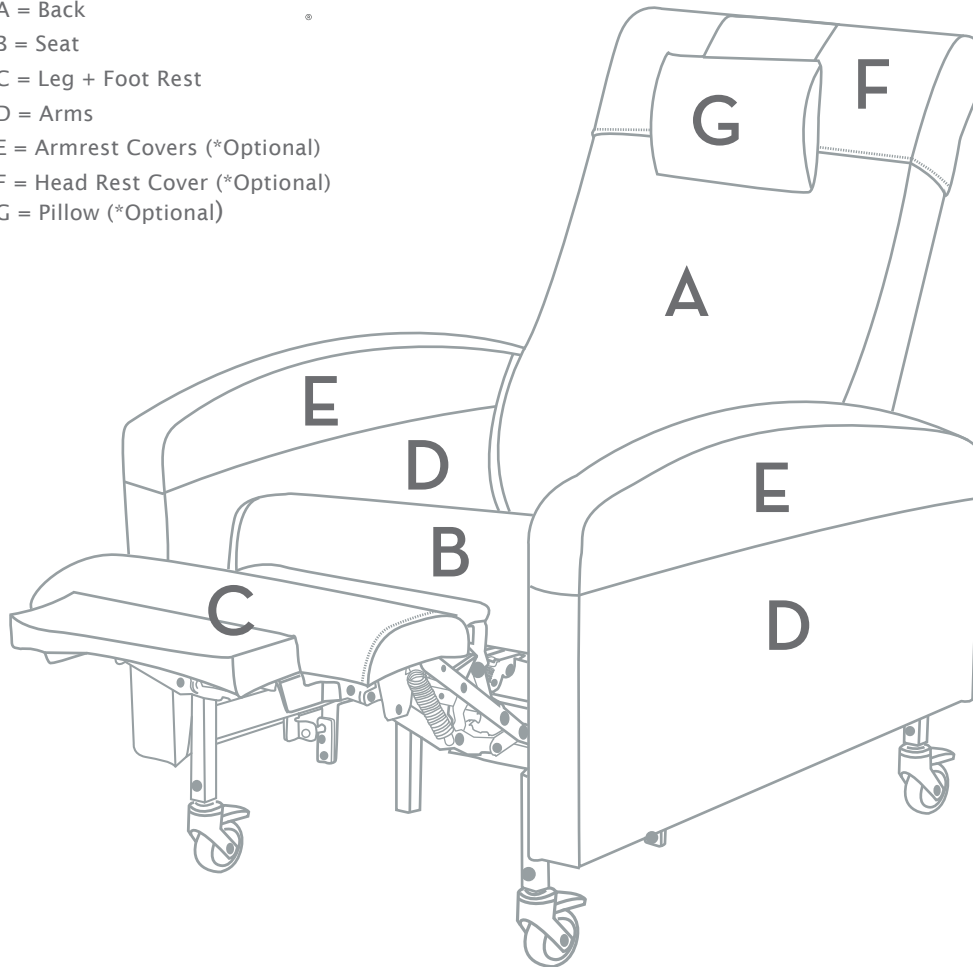


KEY

- 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

SECTION	VINYL COLOR
A (Back)	
B (Seat)	
C (Leg/Foot Rest)	
D (Arms)	
E (*Armrest Cover)	
F (*Head Rest Cover)	
G (*Pillow)	

* E, F & G are optional - additional fees apply

*** E Armrest Cover not available with Urethane Arms

CUSTOMER INFORMATION

Requested By _____

Company _____

TO BE COMPLETED UPON ORDER

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

Approver's Name _____

Approver's Signature _____

PO # _____

Date Approved _____

INTERNAL USE ONLY

Sales Order # _____

Full Model # _____