

*Order form for Leander 900 and 900Z table replacement covers.*

- Choose your color; retrieve name and number located at the bottom of each color sample on chart [http://www.chiropractictables.ca/Colour\\_Charts.htm](http://www.chiropractictables.ca/Colour_Charts.htm)
- Complete order form.
- Complete measurement form - do to the age of some tables we advise you submit this form as we will adjust the measurements if needed from the standard size so you receive a perfect fit of your new table covers.
- Send in a picture of your table [chiropractictables@gmail.com](mailto:chiropractictables@gmail.com)

Have any questions please feel free to contact us at 1.416.487.0258 or email your questions to [chiropractictables@gmail.com](mailto:chiropractictables@gmail.com)

Kevin Hill  
111 Lawton Blvd., Suite 708  
Toronto, Ontario M4V 1Z9

Phone and Fax 1.416.487.0258

Kevin Hill  
 111 Lawton Blvd., Suite 708  
 Toronto, Ontario  
 M4V 1Z9

Phone and Fax: 1.416.487.0258      Email: ChiropracticTables@gmail.com

**ORDER FORM**

Date:	Signature:	Zip/Postal Code:
Name:	Phone:	
Address:		Fax:
City:	State/Prov:	Email:

<b>Leander Chiropractic Table – MODEL _____</b>
---

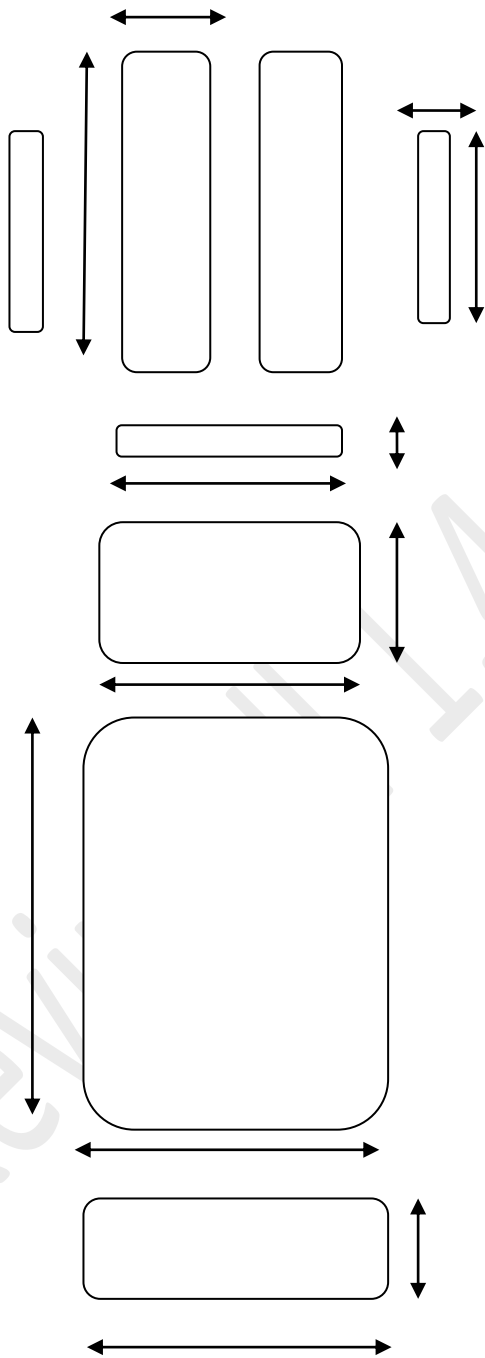
QTY:	COVER	COLOR NUMBER	COVER PRICE	TOTAL COST
	COMPLETE SET OF COVERS		\$259.75	
			Total	
			Shipping	\$28.75
			Sub Total	
			Total Due	
Shipping and Handling for a complete set of covers \$28.75				

<b>Payment can be made by cheque payable to Kevin Hill and mailed to 111 Lawton Blvd., Suite 708, Toronto Ontario M4V 1Z9 or contact us by phone 1.416.487.0258 / Email: chiropractictables@gmail.com to pay online by credit card.</b>
---

<b>Once payment has been received your order takes 5-7 business days to process. There are no C.O.D. orders, No Returns or Refunds as orders are made to the specifications, color choice and table model submitted by customer.</b>
--

[www.ChiropracticTables.ca](http://www.ChiropracticTables.ca)

1.416.487.0258



Leander 900 \_\_\_\_ or 900Z \_\_\_\_ Table

Do to the age of some tables please measure all cushions for a proper fit of table upholstery covers and mark beside each arrow length/width. We will adjust the measurement from the standard size to fit your table if required.

Please attach this form with your order.

Color \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

[www.ChiropracticTables.ca](http://www.ChiropracticTables.ca)

1.416.487.0258