

*Order form for Metron Ausmedic table replacement covers.*

- Choose your color; retrieve name and number located at the bottom of each color sample on chart <http://www.chiropracticproducts.ca/Color%20Charts.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 [chiropracticables@gmail.com](mailto:chiropracticables@gmail.com)

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

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

Phone and Fax 1.416.487.0258

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**ORDER FORM**

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

<b>Metron Ausmedic</b> ChiroMax _____ ChiroVerti _____ ChiroHiLo _____
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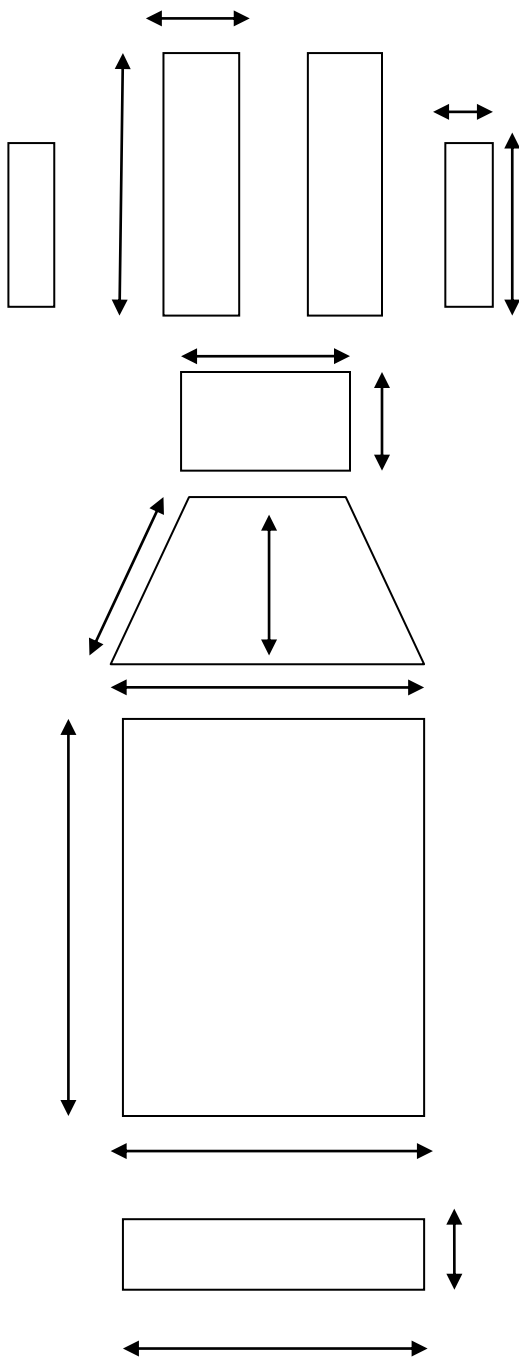
QTY:	COVER	COLOR NUMBER	COVER PRICE	TOTAL COST
	COMPLETE SET OF COVERS		\$259.75	
Total				
Shipping				\$28.75
Sub Total				
Ontario Residents Add 13% HST				
Total Due				
<b>Shipping and Handling for a complete set of covers \$28.75</b>				

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

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Metron Ausmedic

ChiroVerti ChiroMax ChiroHiLo

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 # \_\_\_\_\_

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