

# Momentum™ Specialized Seating Order Form

	Part Number	Price	Qty	TOTAL
<b>✓ 1. SELECT YOUR CHAIR</b>				
Momentum™ Move – includes standard cylinder	90-3501	\$695 (Save \$200)	x _____ =	
Saddle Stool – includes standard cylinder and backrest	90-3508	\$695 (Save \$200)	x _____ =	
Dynamic Stool – includes standard cylinder	90-3505	\$1,195 (Save \$120)	x _____ =	
Magnification Stool – includes standard cylinder	90-3512	\$1,395	x _____ =	
Assistant's Magnification Stool – includes padded torso support, tall cylinder, and adjustable foot ring	90-3514	\$1,495	x _____ =	
<b>✓ 2. CONFIGURE YOUR CHAIR</b>				
Tall Cylinder		No Charge	x _____ =	
Foot Ring	90-3570	\$100	x _____ =	
Assistant Stool Only: Padded side arm (instead of torso support)		No Charge	x _____ =	
Assistant Stool Only: Standard Cylinder (instead of tall cylinder)		No Charge	x _____ =	
<b>✓ 3. UPHOLSTER YOUR CHAIR</b>				
<u>Standard Solid Color:</u> <input type="checkbox"/> Taupe <input type="checkbox"/> Bronze <input type="checkbox"/> Mushroom (brown) <input type="checkbox"/> Praline (chocolate) <input type="checkbox"/> Titan (steel blue) <input type="checkbox"/> Platin (gray) <input type="checkbox"/> Graphite (dark grey) <input type="checkbox"/> Schwarz (black)		No Charge	x _____ =	
<u>Standard Two-Tone:</u> <input type="checkbox"/> Schwarz with Platin accent edge <input type="checkbox"/> Taupe with Bronze accent edge <input type="checkbox"/> Other (Specify colors from Standard Solid Colors listed above) Main: _____ Accent Edge: _____		No Charge	x _____ =	
<u>Custom Upholstery Option:</u> See color selections available from Valencia™ Upholstery at <a href="http://www.VYVAFabrics.com/vinyl/valencia">www.VYVAFabrics.com/vinyl/valencia</a> <i>Longer lead time may apply. No returns or exchanges on custom upholstered seating.</i>		\$50	x _____ =	
Subtotal:				
Sales Tax (Colorado, Massachusetts, Minnesota & Texas):				
Shipping (International orders will require a quote; please contact ASI)		\$85	x _____ =	
<b>GRAND TOTAL:</b>				

### Payment Method

Check     Wire Transfer  
 Charge    Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_ Type: \_\_\_\_\_  
mm/yy

### Billing Address

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Shipping Address | Same as Billing Address

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Email orders to**  
**sales@asidental.com**  
**or fax to 303.766.8584**



**asiDental.com | asiPortable.com**  
 Toll Free: 844.880.3636 | Main: 303.766.3646

Standard delivery is 4 - 6 weeks. Return Policy: Full refund for non-custom orders in new condition in original packaging within 30 days of receipt, less shipping. Prices, terms and specifications are subject to change without notice. ASI standard order terms & conditions apply. Quotes are valid for 90 days from date issued.