

Momentum™ Specialized Seating Order Form

	Part Number	Price	Qty	TOTAL
✓ 1. SELECT YOUR CHAIR				
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 _____ =	
Momentum™ Microscope Stool – includes standard cylinder and padded arm rests	90-3512	\$1,495	X _____ =	
Momentum™ Assistant's Stool – includes tall cylinder, padded arm rests, and adjustable foot ring	90-3513	\$1,595	X _____ =	
Momentum™ Assistant's Microscope Stool – includes padded torso support, tall cylinder, and adjustable foot ring	90-3514	\$1,595	X _____ =	
✓ 2. OPTIONS				
Microscope Arm Set, Upgrade with Pads	90-3573	\$590	X _____ =	
Replacement Arm Pads	90-3574	\$110	X _____ =	
✓ 3. UPHOLSTER YOUR CHAIR				
Standard Solid Color <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 (grey) <input type="checkbox"/> Graphite (dark grey) <input type="checkbox"/> Schwartz (black)		No charge	X _____ =	
Standard Two-Tone <input type="checkbox"/> Schwarz with Platin accent edge <input type="checkbox"/> Taupe with Bronze accent edge <input type="checkbox"/> Other (specific colors from Standard Solid Colors listed above) Main _____ Accent Edge _____		No charge	X _____ =	
Custom Upholstery Option See color selections available from Valenci™ Upholstery at www.VYVAFabrics.com/vinyl/valencia Longer lead time may apply. No returns or exchanges on customer upholstered seating.		\$50	X _____ =	
Shipping (International orders will require a quote; please contact ASI)		\$85	X _____ =	
				Total*

*Sales tax will be calculated on total, based on shipping destination

Payment Method

Check Charge

Card Number _____

Expiration (mm/yy) _____ Security Code _____ Type _____

Billing Address

Name _____

Address _____

City/State/Zip _____

Phone _____

Shipping Address Same as Billing Address

Name _____

Address _____

City/State/Zip _____

Phone _____

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.

Email Orders to
sales@asidental.com
or fax to 303.766.8584



asiDental.com

Toll Free 844.880.3636
 Main 303.766.3646