Momentum™ Specialized Seating Quote & Order Form

① SELECT YOUR CHAIR	Model Number	Price	Qty	Total
Momentum™ Microscope Stool – includes **regular** cylinder and padded arm rests	90-3512	$1,745		
Momentum™ Assistant's Stool – includes **tall** cylinder, padded arm rests, and adjustable foot ring	90-3513	$1,795		
Momentum™ Assistant's Microscope Stool – includes padded torso support, **tall** cylinder, and adjustable foot ring	90-3514	$1,445		
Momentum™ Move – includes **regular** cylinder	90-3501	$895		
Saddle Stool – includes **regular** cylinder and backrest	90-3508	$895		

② SELECT YOUR UPHOLSTERY	Color	Color Number
☐ **Standard Color**	Black	AL-802
☐ **Custom Upholstery Options** **Longer lead time may apply. No returns or exchanges on custom upholstered seating.**		
	Color selections available at: https://asidental.com/products/operator-seating/	

③ SELECT OPTIONAL CYLINDER	
Change standard cylinder height to the following:	
Model #_____ ☐ **Short** (18" – 22") ☐ **Regular** (21" – 28") ☐ **Tall** (22" – 30")	**Model #**_____ ☐ **Short** (18" – 22") ☐ **Regular** (21" – 28") ☐ **Tall** (22" – 30")

Subtotal	
Continental US Shipping ($95 per stool) *	
Total (Appropriate sales tax will be calculated and added to the order) *	

**Shipping International orders will require a quote; please contact ASI*

Payment Method:

☐ Check ☐ Credit Card* Credit Card No.: _____ Exp: _____

☐ ACH Transaction* ☐ Bank Wire – Bank Name: _____

***A 2% Credit Card Fee will be assessed for the amount charged. Please use ACH wire transfer or check to avoid credit card fees. ***

Billing Address

Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Email: _____

Shipping Address: ☐ Same as Billing

Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Email: _____

Prices, terms and specifications are subject to change without notice. ASI Standard Order Terms & Conditions apply: asidental.com/buyers-terms-conditions. View warranty information here: asidental.com/warranty.

Customer Order Acknowledgement

Signature: _____ **Date:** _____

Have Questions? Contact our Sales Team
Sales: 303.407.6073 **Fax**: 303-766-8584
Email: sales@asidental.com
Website: ASIDental.com

***Wire or ACH Payment Instructions Information**
Account Name: ASI Medical, Inc. (dba ASI Dental Specialties)
Address: 8811 American Way, Ste. 130, Englewood, CO 80112
Bank Name: J.P. Morgan Chase Bank NA
Bank Address: 10005 Jordan Road, Parker, CO 80134
Account Number: 478017138
ACH ABA Number: 102001017
Wire Transfer ABA Number: 021000021