

Bill To _____ Purchase Order Number _____

Address _____ City _____

Email address _____ Province _____ Postal Code _____

Telephone Number _____ Fax Number _____

Contact Person _____ Title _____ Telephone Number _____

WhisperGLIDE®
 SWING CO. LLC
 AMERICA'S FINEST THERAPEUTIC SWINGS

[Redacted]

Subject to change without notice

1-800-944-7737
 Fax: 1-715-457-0048
www.whisperglide.com
 email: matt@whisperglide.com

Thank You for Your Order!

QTY	Model	DESCRIPTION OF ITEM	PRICE	TOTAL
	601	Wheelchair-Access Swing - Cambridge Bisque Swing includes: Canopy, Safety Floor Handrail, Table & Table Handrail, Therapeutic Handles		\$
	602	Two-Bench Swing - Cambridge Bisque Swing includes: Canopy, Safety Floor Handrail, Table & Table Handrail		\$
	102	Custom Cushion (Price Each Side)		\$
	101	WhisperGLIDE Swing Lap Bar (for bench-seat) with Fastener Kit for Storage on Upper Frame (mount brackets, drill bit, screws)		\$
	207	WhisperGLIDE Swing Recognition Plaque 2" X 7" Inscription:		\$

Shipping/Handling One Swing
 for POSTAL CODE:

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

Sub-Total

Sales Tax ____%

If tax exempt, include certificate

Sub-Total

TOTAL

Down Payment

BALANCE DUE

Canopy & Cushion Choices: Basketweave • EarthBright
 Forest Green • Sea Breeze • Autumn Fern • Elizabeth • Chesterfield

Model	CANOPY CHOICE	CUSHION CHOICE

Ship To: (If different from above) Desired Date _____ Delivery Hours _____

Name:

Address:

City Province Postal Code:

NAME and TELEPHONE NUMBER of the Person signing for Shipment:

Authorization:

Authorized Signature: _____ Date: _____

Title _____ Telephone No. (If different from above) _____

Send Remittance to:
WhisperGLIDE Swing Co., LLC
 P.O. Box 188, Mosinee, WI 54455