

Bill To _____ Purchase Order Number _____
 Address _____ City _____
 Email address _____ State _____ ZIP Code _____
 Telephone Number _____ Fax Number _____
 Contact Person _____ Title _____ Telephone Number _____

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

Subject to change without notice

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

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		\$
	701	RockerGLIDE Swing - Cambridge Bisque Swing includes: 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:		\$
	200	Replacement Canopy: #203, #204 & #303, #304 Models		\$
	400	Replacement Canopy: #501 to #504 & #601 to #604 Models		\$

Shipping/Handling One Swing
 for ZIP 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 State Zip: _____

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
Thank You for Your Order!