

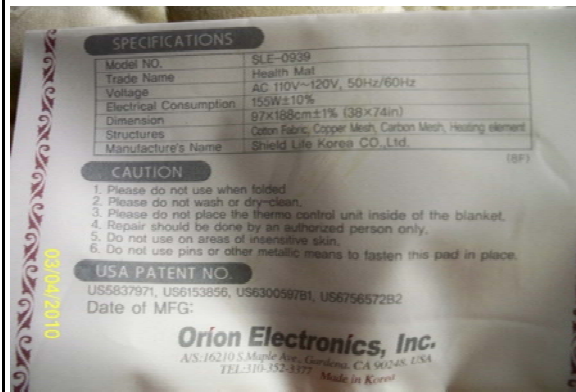
SHIELDLIFE

Service Request Form

Contact Information

Name	_____	Date	_____
Address	_____	Home Phone	()
Unit	_____	Mobile Phone	()
City, State	_____	E-Mail	_____
Zip Code	_____	Order #	_____
Model No.	_____		

Model number can be found on the back of the tag sewn onto the top edge of the mat.



<input type="checkbox"/>	Shield Life TheraMat (Single)
<input type="checkbox"/>	Shield Life TheraMat (Full)
<input type="checkbox"/>	Shield Life TheraMat (Queen)
<input type="checkbox"/>	Shield Life TheraMat (King)
<input type="checkbox"/>	Shield Life TheraMat Floor
<input type="checkbox"/>	Shield Life TheraMat Mini
<input type="checkbox"/>	Other: _____

Description of Service Requested

	<p>Orion Electronics, Inc. 11832 1/2 Alondra Blvd Norwalk, CA 90650</p>
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Office Use Only

<p>Date Received: _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<table border="1" style="width: 100%; height: 150px;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center; vertical-align: top;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		