



Order Form

E-mail: info@KDSmartChair.com

Call Toll Free: 1-(877) 82-SMART || 1-877-827-6278

Monday - Friday, 9 AM - 5 PM Pacific Time

For detailed information on the products and parts available, visit <http://kdsmartchair.com/collections/parts>

1. Your Order Details

Product	Qty.	Unit Price	Sub-Total
Total:			

2. Your Personal Details

Billing Info			Shipping Info (Enter Only If Different Than Billing)		
First Name :			First Name :		
Last Name :			Last Name :		
Address 1 :			Address 1 :		
Address 2 :			Address 2 :		
City :		State :		City :	
					State :
Zip Code :		Country :		Zip Code :	
					Country :
Phone # :			E-mail :		

3. Your Payment Details

Credit Card Number :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration (MM/YY) :			/			CVV Code :										

Prefer to Pay by Check?

Make Check Payable to " KD Healthcare CO USA inc " & mail payment & order form to:

Smart Chair
 20314 NE 16th Place
 Miami, FL 33179

I certify that the information provided above is correct & agree to the Terms and Conditions found on the Smart Chair website, www.KDSmartChair.com, and wish to order these goods.

Signature : _____ Date : _____

Thank You for your order, which we will aim to ship it within 1-2 business days.