

PROGLIDE® ORDER FORM

ORDER TAKEN BY: _____

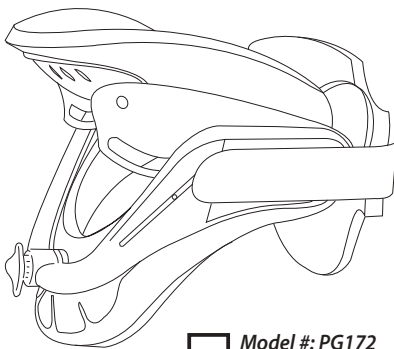
TIME: _____

Facility Name _____ Account # _____ Contact: _____

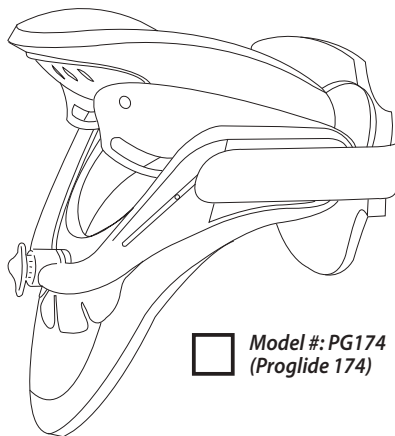
Due Date: _____ Ship Via: _____ P.O. #: _____

Ship to Address: _____ City: _____

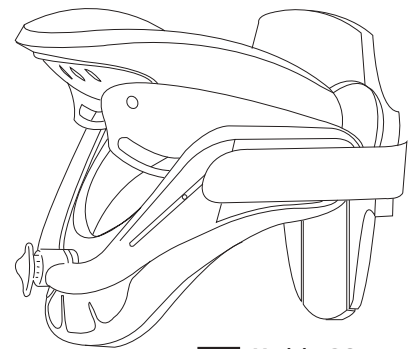
State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____



Model #: PG172
(Proglide 172)



Model #: PG174
(Proglide 174)



Model #: PG180
(Proglide 180)

SIZE	QTY.	DESCRIPTION	SIZE	QTY.	DESCRIPTION
UNIVERSAL		Model #: PG172 (Proglide 172)	UNIVERSAL		PG172EXPAD – Proglide 172 complete with an extra set of pads
UNIVERSAL		Model #: PG174 (Proglide 174)	UNIVERSAL		PG174EXPAD – Proglide 174 complete with an extra set of pads
UNIVERSAL		Model #: PG180 (Proglide 180)	UNIVERSAL		PG180EXPAD – Proglide 180 complete with an extra set of pads

QUANTITY	MODEL #	DESCRIPTION
	PGPAD172	Replacement padding for Proglide 172
	PGPAD174	Replacement padding for Proglide 174
	PGPAD180	Replacement padding for Proglide 180

FAX THIS FORM TO (877) 288-4197

PHONE: 888-982-8181 • WWW.OPTECUSA.COM

Assembled By: _____

Inspected By: _____

Shipped By: _____