



KLASS VAKI ORDER FORM | PLEASE PRINT CLEARLY

DATE

NAME

BILLING ADDRESS

CITY

STATE

ZIP

SHIPPING ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

METHOD OF PAYMENT

CREDIT CARD NUMBER

EXPIRATION DATE

VF CODE

Fax to:
413-528-6193

Mail to:
Box 549
Monterey, MA 01245

QTY	DESCRIPTION	PRICE
	FULL BODY SUPPORT	\$395.95
	LOWER BACK SUPPORT	\$179.95
	BACK SUPPORT CUSHION	\$99.95
	SHIPPING & HANDLING	
	Full Body Support @ \$24.00 per unit X	unit(s)
	Lower Back Support or Back Support Cushion @ \$12.00 per unit X	unit(s)
	TOTAL PRICE	