

- Cash Grant
 Other _____

PER4MAX CATAPULT

Rep.: _____
 Event: _____

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Email: _____

Date: _____ SSN# : XXX - XX - _____
 Age: _____ Weight (lbs.): _____ Height: _____' _____"
 Disability: _____
 Tel #: () _____ - _____ (Home or Work)
 Other Info: _____

FRAME SPECIFICATION

Model

CATAPULT Retail: \$1,149

1) Seat Width

14" 15" 16" 17" 18" Other: _____"

2) Seat Depth

14" 15" 16" 17" 18" Other: _____"

3) Seat Height

27" (Maximum Height with 2" Cushion is 29")

Other: _____"

4a) Backrest Height Minimum 10" 12" 14" 16"

Other: _____"

4b) Backrest Height Maximum (4" Travel) 14" 16"

18" 20" Other: _____"

5) Lower Leg Length _____" (16", 17", etc.)

6) Strap Location relative to backrest _____" (6", 7", etc.)

Pole Length (Standard 4 foot) _____" (5 foot, 6 foot, etc.).....\$100

FRAME COLORS

- Sky White Bonded Silver Dormant Violet
 Ruby Red Glossy Black Matte Black
 Safety Yellow Candy Blue Candy Red
 Sparkle Green Safety Orange Polish (Brushed)
 Other Color: _____ (additional: \$350)

OPTIONS

CLICK STRAP

Waist Strap Size _____"\$100

Foot Strap Size _____"\$75

Wheels

4"x1.5 Plastic Caster Assembly Set\$150

4"x1.5 Aluminum Caster Assembly Set\$250

Cushion

2" CushionSTD

Hard Cushion\$120

Special Cushion (Roho, Stimulite Etc.).....\$TBD

Other Options

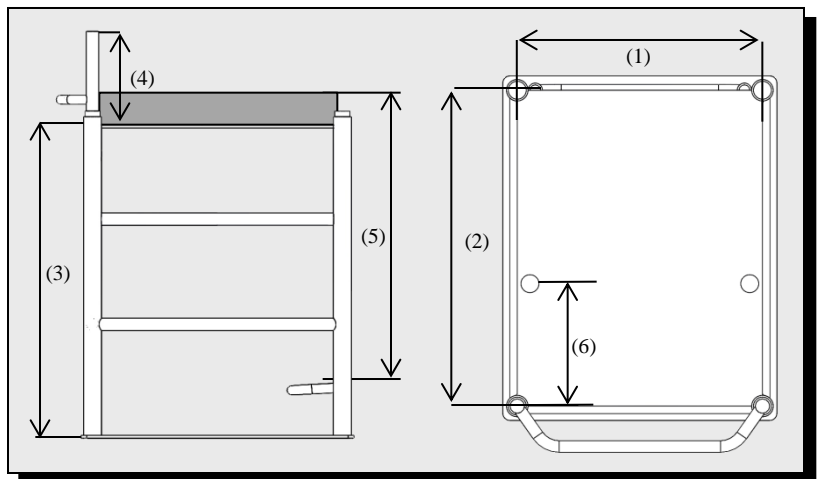
Adjustable Seat Depth.....\$200

Plastic Foot Plate.....\$80

Adjustable Height Backrest.....\$80

Additional Foot rest.....\$100

Notes:



*Effective: OCTOBER 2015

Pricing and specifications are subject to change without notice.

Customer Service
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PER4MAX MEDICAL
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