



Quote request for custom equipment

Les Adaptations Accès-Cible INC.

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info@lesadaptationsacces-cible.com

Date

Phone number

Extension

Fax

Name of the therapist

Name of the institution

Email

Recipient's name

Age of the beneficiary

Beneficiary's weight

Paying agency and

Billing address

Address and name for
the delivery

Phone number for the
delivery

If it's a home delivery please check

Other informations

Unit of measurement

Width

Depth

Height

Details and
information

Do not forget to SAVE your quote request before sending it to us