

ESTIMATE/ORDER FORM



Blue Chip
Medical Products Inc.

REPLACEMENT CART & EQUIPMENT COVERS

DATE: _____ P.O. NUMBER: _____

NAME: _____ Title: _____

COMPANY NAME/Facility: _____

Address: _____

City: _____ STATE: _____ Zip: _____

Tel: _____ FAX: _____

QUANTITY: _____

DIMENSIONS:

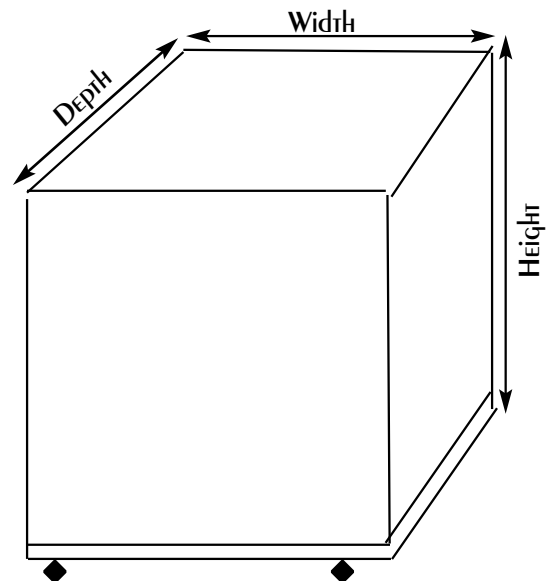
DEPTH: _____ Width: _____ Height: _____

FRONT FLAP CLOSURE:

Velcro Zipper Lock Closure

SPECIAL FEATURES:

CLEAR Vinyl FRONT Flap
 CLEAR Vinyl FRONT Flap PANELS QTY
 CLEAR ROUTE POCKETS
 CUSTOM STENCILING
 PUSH HANDLE CUT-OUTS



FABRIC & COLORS:

Ballistic Nylon Navy

Vinyl Grey White Clear

400 DENIER NYLON Electric Blue Slate Blue Mariner Midnight Amethyst Snow
 Sunshine Mandarin Pink Red Bordeaux Raven
 Mallard Kelly Foliage Tan Sand Silver Dust