Built-4-ME Request Form

January 2021

SUBMIT

Mark For:

Date:
Dealer Acct #:
Dealer:
Dealer Contact:
Dealer Address:
Dealer City: ST: ZIP:
Dealer Phone: ( ) Fax: ( )
Confirmation Email:
Confirm Via: ☐ Fax ☐ Email

Submitting for: ☐ Quote ☐ Order

PO#:

ADDITIONAL SHIPPING INFORMATION

Ship To:
Attention:
Address:
Address:
Ship To City: ST: ZIP:
Ship To Phone: ( ) Fax: ( )

CHAIR INFORMATION

Wheelchair Model:
Built-4-ME Option # (If known):
New Chair or Existing Chair: New / Existing
If Existing, Provide Serial #:
Quote # (If adding to existing quote):
Modification Completed on Order# or sn# previously:

USER INFORMATION

Height & Weight are Required for some modifications

Weight:
Height:
Disability:

Customer Service: 800-333-4000 Email: Built4Me@sunmed.com Fax: 800-333-9011 Please visit www.sunrisemedical.com for more details

Details of Desired Modification:

Please include any pictures or sketches if available when submitting your requests (if applicable)

Sunrise Medical (US) LLC
2842 Business Park Ave. · Fresno, CA 93727 · USA

Customer Service: 800-333-4000 Fax: 800-300-7502 Email: Built4ME@sunmed.com www.sunrisemedical.com