



Quote request for custom equipment

Les Adaptations Accès-Cible INC.

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Date	
Phone number	Extension
Fax	
Email	
Recipient's name	
Age of the beneficiary	Beneficiary's weight
Name of the therapist	
Name of the institution	
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