



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

Nom 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 information

Unit of measurement

Width

Depth

Height

Details and
information