

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:

HEIGHT: _____ Width: _____ DEPTH: _____

FRONT Flap CLOSURE:

VELCRO

ZIPPER

TIES

SPECIAL FEATURES:

CLEAR VINYL FRONT FLAP

CLEAR ROUTE POCKETS

CUSTOM STENCILING

PUSH HANDLE CUT-OUTS

FABRIC & COLORS:

Ballistic Nylon

NAVY

Vinyl

GREY

WHITE

CLEAR

400 DENIER Nylon

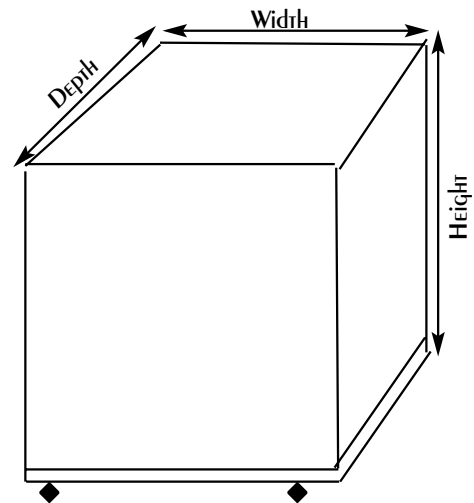
ROYAL BLUE

WHITE

DARK GREEN

NAVY

RED



7-11 SUFFERN PLACE • SUFFERN, NY 10901
TEL: 800 795-6115 • FAX: 845 369-7633
www.bluechipmedical.com