



Built-4-ME Request Form

January 2021

Mark For:**Submitting for:** Quote Order

Date: _____

PO#: _____

Dealer Acct #: _____

Dealer: _____

ADDITIONAL SHIPPING INFORMATION

Dealer Contact: _____

Ship To: _____

Dealer Address: _____

Attention: _____

Dealer City: _____ ST: _____ ZIP: _____

Address: _____

Dealer Phone: () _____ Fax: () _____

Address: _____

Confirmation Email: _____

Ship To City: _____ ST: _____ ZIP: _____

Confirm Via: Fax Email

Ship To Phone: () _____ Fax: () _____

CHAIR INFORMATION**USER INFORMATION**

Wheelchair Model: _____

Height & Weight are Required for some modifications

Built-4-ME Option # (If known): _____

Weight: _____

New Chair or Existing Chair: New / Existing _____

Height: _____

If Existing, Provide Serial #: _____

Disability: _____

Quote # (If adding to existing quote): _____

Modification Completed on Order# or sn# previously: _____

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)



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