



- Standard
- Required fields: ¹⁾**
Information required for processing!
- Option field

- ORDER
- QUOTE

Invoice address (stamp or fill in legibly) Cust. no. _____

Company _____

Street _____

ZIP/Place _____

Invoice address (stamp or fill in legibly) Cust. no. _____

Company _____

Street _____

ZIP/Place _____

Type of order

- Mounting by customer²⁾
(fully complete the section "Information about the wheelchair"!)
- Mounting by Alber in the factory³⁾ 1457810

Mode of shipment

- Standard

Consignment _____

- SMOOV one O10** – 6 km/h 1592897
- SMOOV one O10** – 10 km/h 1592898

Accessories

- Bracket set SMOOV one 1592899
(for combination with rigid wheelchair)
- Adapteraxle incl. bracket 1592900
Adapteraxle only compatible to 0 – 2° camber
(for combination with foldable wheelchair)

Wheelchair details

Wheelchair manufacturer (e.g. Kuschall) _____

Model (e.g. Compact) _____

Year of manufacture _____

Distance wheel stub axle to wheel stub axle inbetween _____ cm



Seat width _____ cm
Seat width from ca. 36–46 cm only

(seat tube measured externally)

Seat height _____ cm
Combination above seat height 40cm possible

(rear, sling bottom edge measurement)

Notes (mounting, delivery etc.)

Date _____ / _____ / _____ Signature of buyer _____

Date 01.01.2019. All prices before VAT, excl. packaging. The general Terms and Conditions of Alber GmbH apply, subject to change.

1) In order to smoothly and quickly process your order we require ALL information in the fields highlighted in blue.
 2) Installation kits can only be shipped to trained specialist dealers (installation training).
 3) Please send the wheelchair with a copy of this order as soon as possible and freight paid to Alber.

