

Offer / Order form

 Offer

 Order

 Company: _____

 Phone: _____

KayserBetten GmbH & Co. KG

 Rieper Str. 12
 29683 Bad Fallingbostel
 Germany
 Tel.: +49 51 63 65 95
 Fax: +49 51 63 20 76
 info@kayserbetten.de

E-Mail: _____

Contact Partner: _____

Commission/Ref.: _____

Type of bed:	Bed design:	Sleeping platform:	Colour:	Dimensions:
<input type="checkbox"/> Timmy I			Basic colour: <input type="checkbox"/> coloured <input type="checkbox"/> natural <input type="checkbox"/> transparent* <input type="checkbox"/> Bed frame in white Please choose basic colour. All wooden parts will be white. Option at no extra cost: <input type="checkbox"/> My . . . RAL-No.: _____ Colour shade: _____ * Only for Timmy, Emma, Ida	<input type="checkbox"/> 140 x 70 cm <input type="checkbox"/> 170 x 90 cm <input type="checkbox"/> 200 x 90 cm <input type="checkbox"/> 200 x 100 cm <input type="checkbox"/> _____ x _____ cm
<input type="checkbox"/> Easy Lift <input type="checkbox"/> Telescope	<input type="checkbox"/> 1 lowerable side rail <input type="checkbox"/> 2 lowerable side rails	<input type="checkbox"/> KR 5 <input type="checkbox"/> KR 7 <input type="checkbox"/> KR 6 <input type="checkbox"/> KR 8		
<input type="checkbox"/> Timmy II				
<input type="checkbox"/> Ida	<input type="checkbox"/> 4 doors (80 cm) <input type="checkbox"/> 8 doors (80 cm)	<input type="checkbox"/> KR 1 <input type="checkbox"/> KR 2 <input type="checkbox"/> KR 3 <input type="checkbox"/> KR 11		
<input type="checkbox"/> Emma I	<input type="checkbox"/> 4 doors (60 cm) <input type="checkbox"/> 8 doors (60 cm)			
<input type="checkbox"/> Emma II	<input type="checkbox"/> 1 lowerable side rail (35 cm) <input type="checkbox"/> 2 lowerable side rails (35 cm)	<input type="checkbox"/> Head elevated position		
<input type="checkbox"/> Olaf 98 <input type="checkbox"/> Olaf 135	<input type="checkbox"/> 40 cm acces <input type="checkbox"/> 22 cm access*	<input type="checkbox"/> KR 1* <input type="checkbox"/> KR 11 <input type="checkbox"/> KR 2* <input type="checkbox"/> KR 3		
<input type="checkbox"/> Hannah 70 <input type="checkbox"/> Hannah 98 <input type="checkbox"/> Hannah 135 <input type="checkbox"/> Hannah 170		<input type="checkbox"/> KR 1 <input type="checkbox"/> KR 7 <input type="checkbox"/> KR 2 <input type="checkbox"/> KR 8 <input type="checkbox"/> KR 3 <input type="checkbox"/> KR 11 <input type="checkbox"/> KR 5 <input type="checkbox"/> KR 6 <input type="checkbox"/> Solid wooden board		

* access height of 22 cm = only in combination with KR1, KR2 and KR12 (access height 22 cm plus KR3 = only possible with 13.5 cm castors)

Mattress:	Castors:	Padding:	Acrylic glas on rails at inside:	Accessories:
<input type="checkbox"/> KM 2 <input type="checkbox"/> KM 3 <input type="checkbox"/> KM 4 <input type="checkbox"/> KM 5 <input type="checkbox"/> KM 7 <input type="checkbox"/> none <input type="checkbox"/> edge covering	<input type="checkbox"/> no castors <input type="checkbox"/> 13,5 cm, plastic <input type="checkbox"/> 16,5 cm, plastic	<input type="checkbox"/> 1/1 height Fixation: <input type="checkbox"/> 2/3 height <input type="checkbox"/> Velcro tape <input type="checkbox"/> screwed Colour: _____ No.: _____ see www.kayserbetten.de	<input type="checkbox"/> 1/1 height <input type="checkbox"/> 2/3rd height <input type="checkbox"/>	<input type="checkbox"/> Incontinence cover <input type="checkbox"/> Climb over protection / nylon <input type="checkbox"/> Climb over protection / rails <input type="checkbox"/> Climb over protection / acrylic glas <input type="checkbox"/> Toy Pole <input type="checkbox"/> Removable bed post (Timmy) No. _____ <input type="checkbox"/> Hose routing bed post No. _____
Special requirements / remarks: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>				

Date _____

Signature of service provider _____

Signature of insured person _____