# Scotty LapTop Tray Systems

## **Order Form**



by Compusult Limited

Standard Kristen configurations include a slide-in base, a straight pedestal and a flat tray top. Follow these steps to order the Kristen customized to your requirements.

Kristen - center Mount pedestal tray.....\$349

#### **Step 1-Select Your Pedestal**

Select either a straight pedestal, standard with the Kristen, **or** one of two optional pedestals. One with an adjustable link at one end **or** one with an adjustable link at both ends for the ultimate in flexibility. Circle the height desired.

Straight Pedestal						. incl.
Height in inches:	7.5	8.5	9.5	10.5	11.5	
Angle adjustable l	ink at	one e	nd		add	. \$29
Height in inches:	10	11	12	14		
Angle adjustable l	ink at	both e	ends .		add	. \$54
Height in inches:	14	16	20	24		

#### **Step 2-Select Your Tray Top**

Select either a 'Flat' tray top, standard with the Kristen, *or* the 'Bookshelf' tray top. Both trays are 12" deep. Circle the width desired.

☐ Flat Tray Top						incl.
Width in inches:	12	14	16	18	20	22
□ Bookshelf Tray Top					add	\$54
Width in inches:	14	16	18	20		

#### **Step 3-Select your Options**

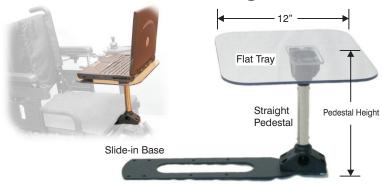
Kristen Stiffening Plate
Non-slip surface overlay
Umbrella with 1 1/4 inch handle
Cup holder
Umbrella holder fits 1 1/4 inch handle\$124
Fishing Rod holder

#### **Step 4-Select your Shipping**

	Ground Shipping: Canada \$30 USA \$35 Air Shipping: Canada \$75 USA \$100					
	Your Courier Account: \$0 Courier Name:					
	Account #:	Air Ground				
Name of Receiver:						
	eet Address:					
Cit						
ZIF	P/PC: Phone:					
Sh	ipping email:					

Shipping to Alaska, Hawaii and non-continental US locations will require additional shipping.

### **Standard Kristen Configuration**



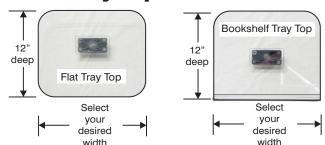
#### **Kristen Pedestals**



at Both Ends

Amex

#### **Kristen Tray Tops**



#### **Step 5-Select your Payment**

Select your credit card: □ VISA □ Mastercard □

at One End

Name on the card: \_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_

Expiry (mm/yy) \_\_\_\_\_\_ CCV: \_\_\_\_\_

Company: \_\_\_\_\_

Your Name: \_\_\_\_\_

Billing email: \_\_\_\_\_\_ (if applicable)

(Approved Dealers will receive negotiated discount)

### Step 6-Calculate your Total s\_\_\_\_

Email your completed form to our Assistive Technology Team:

<u>at@compusult.net</u>

Taxes extra (where applicable)

custom sizing may be quoted upon special request

