

To insure timely delivery, do you require Life-Assist to stock a special order item on the shelf for you?  
 Complete the form below and we'll give your request top priority!

REQUIRED INFORMATION:

Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Phone #: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Account No: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Date Required: \_\_\_\_\_

**In order to estimate adequate stock levels of the correct product, please provide the information below.**

Manuf and Manuf Item Item No	Description	Est Monthly Usage

**Fax completed form to 1-800-290-9794 or email to [customerservice@life-assist.com](mailto:customerservice@life-assist.com)**

