



OPTIMA ORDER FORM

Order Desk:
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Store: _____

Salesperson: _____

Customer name: _____

Date: _____ PO: _____

MODEL CHOICE

OPTIMA MODEL: _____

Configuration: _____

Indicate the skus (Example: 096-055-177-170)

Seat Depth: 20" 22"

Arm Width: Large (8" to 11") Small (6")

COVER AND FINISH CHOICES

COVER: _____ Grade: _____

Cover family name and color name (Example: Illusion, Charcoal)

LEGS (specify color)

METAL Stainless steel Matte Black *only on models with legs LG189 or LG196

WOOD Beech B-9 Black B-6 Charcoal 074 Cognac C-33 Pearl P-14
 Tobacco T-2 Tea T-37 Wheat 92 White W-11

WOOD BASE *Armchair 043 or 163 Color: _____

WOOD INSERT *Melbourne model only Color: _____

NAILS *Washington model only (validate the available choices according to our price list) Color: _____

OPTIONS (extra per seat)

<input type="checkbox"/> Motorized headrest	\$ _____	Qty _____	Total _____
<input type="checkbox"/> Wireless power recliner (battery)	\$ _____	Qty _____	Total _____
<input type="checkbox"/> Extra-firm foam	\$ _____	Qty _____	Total _____

CUP HOLDERS AND ACCESSORIES (extra per seat)

Only available on models with Home-Theater configurations.
Storage items 160 or 190: 1 cup holder per arm or storage item. Storage item 159: 2 cup holders side by side.

CUP HOLDERS

<input type="checkbox"/> Metal Color: <input type="checkbox"/> Silver <input type="checkbox"/> Matte Black <input type="checkbox"/> Brown	\$ _____	Qty _____	Total _____
<input type="checkbox"/> LED Lighted	\$ _____	Qty _____	Total _____
<input type="checkbox"/> LED Lighted with Motor Control (1 or 2 motors)	\$ _____	Qty _____	Total _____
<input type="checkbox"/> LED Baserail	\$ _____	Qty _____	Total _____

ACCESSORIES

<input type="checkbox"/> Accessory Dock	\$ _____	Qty _____	Total _____
<input type="checkbox"/> V51 Wine Glass holder	\$ _____	Qty _____	Total _____
<input type="checkbox"/> V52 Plastic Tray Table	\$ _____	Qty _____	Total _____
<input type="checkbox"/> V53 Wood Tray Table Color: _____	\$ _____	Qty _____	Total _____
<input type="checkbox"/> V54 Tablet holder	\$ _____	Qty _____	Total _____
<input type="checkbox"/> V55 LED Lamp	\$ _____	Qty _____	Total _____

Remember to provide a sketch for your Home-Theater configuration.

NOTES