



To be filled out by FWM	
PO #:	Click or tap here to enter text.
Partner Name:	Click or tap here to enter text.
Manufacturer:	Click or tap here to enter text.

Wheelchair Order Form

One container load holds 440-550 Gen_2 wheelchair kits, and/or Gen_3 wheelchair kits. Complete this form to order your next shipment. Please note that by returning this form, we are assuming that you are ready to receive this order within the next 2-5 months, unless otherwise noted below.

STEP 1. Complete Shipping Information:

Bill of Lading Consignee:

NAME: Click or tap here to enter text.		DATE FILLED OUT: Click or tap here to enter text.
ORGANIZATION: Click or tap here to enter text.		CONSIGNEE REFERENCE NUMBER (OPTIONAL): Click or tap here to enter text.
STREET ADDRESS: Click or tap here to enter text.		
CITY/TOWN/MUNICIPALITY: Click or tap here to enter text.	STATE/PROVINCE/DISTRICT: Click or tap here to enter text.	
POSTAL CODE: Click or tap here to enter text.	COUNTRY: Click or tap here to enter text.	
PHONE: Click or tap here to enter text.	EMAIL: Click or tap here to enter text.	
SHIPPING PORT: Click or tap here to enter text.	SHIPPING PORT COUNTRY: Click or tap here to enter text.	
CONSIGNEE TAX ID / RUC / NIT: Click or tap here to enter text.		

Address for shipping documents: (Check here if same as consignee)

NAME: Click or tap here to enter text.	
ORGANIZATION: Click or tap here to enter text.	
STREET ADDRESS: Click or tap here to enter text.	
CITY/TOWN/MUNICIPALITY: Click or tap here to enter text.	STATE/PROVINCE/DISTRICT: Click or tap here to enter text.
POSTAL CODE: Click or tap here to enter text.	COUNTRY: Click or tap here to enter text.
PHONE: Click or tap here to enter text.	EMAIL: Click or tap here to enter text.

Clearing Agent and/or Notify Party: (Check here if same as consignee)

NAME: Click or tap here to enter text.	
ORGANIZATION: Click or tap here to enter text.	
STREET ADDRESS: Click or tap here to enter text.	

CITY/TOWN/MUNICIPALITY: Click or tap here to enter text.	STATE/PROVINCE/DISTRICT: Click or tap here to enter text.
POSTAL CODE: Click or tap here to enter text.	COUNTRY: Click or tap here to enter text.
PHONE: Click or tap here to enter text.	EMAIL: Click or tap here to enter text.
NOTIFY TAX ID / RUC / NIT: Click or tap here to enter text.	

STEP 2. Documentation and Timing:

Documentation Needed:

We provide the Certificate of Donation, Packing List, and Non-Commercial Invoice. Please make sure the information provided is accurate as FWM only covers the courier fees for shipping the first set of original documents. If additional sets are requested, the courier fees will be billed directly to the partner.

Which type of Bill of Lading does this shipment require? (Please choose one)

<input type="checkbox"/>	Original Bill of Lading
<input type="checkbox"/>	Express Bill of Lading/Telex Release/Seaway Bill

Who must be copied on all shipping-related emails? Please list their names and emails here:

Special Instructions:

Please let us know if there are any specific needs we should be aware of including: timing restrictions, Holidays, B/L specifications, pre-shipment inspection, legalization/authentication, Certificate of Health, Certificate of Origin, or additional documentation processes needed:

Click or tap here to enter text.

STEP 3. Select Wheelchair Type and Quantity (type one "X" under selection):

Selection	Option	GEN_1 Wheelchairs	GEN_2 Wheelchairs	GEN_3 Wheelchairs	Total Wheelchairs
___	B	0	550	0	550
___	K	0	470	50	520
___	L**	0	244	244	488
___	D**	0	0	440	440

**By special permission only. These may include additional costs to the partner.

STEP 4. Select GEN 2 and GEN 3 Wheelchair Sizes: Select the correct size kit to assemble.

GEN 2 Seat width	GEN 2 Size	GEN 2 Quantity Desired
Between 25 and 35 cm	Small	# of small
Between 34 and 38 cm	Medium	# of medium
Between 38 and 343 cm	Large	# of large
Between 43 and 48 cm	X-Large	# of x-large

GEN 3 Seat width	GEN 3 Size	GEN 3 Quantity Desired
Between 25 and 31 cm	Small	# of small
Between 31 and 36 cm	Medium	# of medium
Between 36 and 42 cm	Large	# of large
Between 42 and 47 cm	X-Large	# of x-large

STEP 5. Select Training/User Manual Language

The User Manual must be provided to each wheelchair user and/or caretaker. This lets them know how to use and maintain the wheelchair, and who to contact for questions about the wheelchair or to request maintenance.

Please enter the contact information to be printed on the User Manual. Contact information should include at least 1 email or phone number.

Click or tap here to enter text.

Please choose the available language options for GEN 2/GEN 3 User Manual

<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Arabic	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Kinyarwanda
<input type="checkbox"/> French	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Dari	<input type="checkbox"/> Russian	<input type="checkbox"/> Swahili
<input type="checkbox"/> Spanish	<input type="checkbox"/> Thai	<input type="checkbox"/> Hindi	<input type="checkbox"/> Bengali	

STEP 6. Select any Spare Parts to Order: Any spare parts requested beyond the maximum allotment are additional cost. If you wish to order anything from this list beyond the “Max QTY for Free” please contact Lorena Hernandez for approval.

- If you leave the “QTY requested by partner” column blank, you will not receive any spare parts.
- If you desire spare parts, be sure to fill out the last column, highlighted in yellow

GEN_2/GEN_3 Accessories

<u>ITEM NO.</u>	<u>NAME</u>	<u>Max QTY for Free</u>	<u>QTY requested by Partner</u>
G2S-CB-10192, 5-7	Cross Bar Set (1 small, 1 medium, 1 large, 1 x-large)	5	
ACC-G2-FP	GEN_1 Footplate	5	
ACC-G2-FRC	Footrest clamp (1 pair)	30	

GEN_2 Standard Spare Parts

<u>ITEM NO.</u>	<u>NAME</u>	<u>Max QTY for Free</u>	<u>QTY requested by Partner</u>
G2-CA-10130	Extra Castor Wheels, Bearings, Stem (piece)	20	
G2-TR-10116/10117	Extra Rear Wheels – 26 inch (piece)	2	
G2-FM.9-10087/10089	Extra Brakes (order in pairs)	4	
G2-FR-10060	Extra Swing Away Footrests (1 pair)	4	
G2S-ST-10183	CB_001 Small Plastic Seat	5	
G2M-ST-10042	CB_002 Medium Plastic Seat	5	
G2L-ST-10172	CB_003 Large Plastic Seat	5	
G2XL-ST-	X-Large Plastic Seat	5	
G2-BR.3	Extra Cord (per Meter)	20	
G2S-CSH-10135	50mm Small Covered Cushion	2	
G2M-CSH-10180	50mm Medium Covered Cushion	2	
G2L-CSH-10177	50mm Large Covered Cushion	2	
G2XL-CSH-10174	50mm X-Large Covered Cushion	2	
G2-FM.8	GEN_2 Extra Hardware	10	
ST.7	Extra Seat/Lap Belt	5	
TR.9-10110	Extra GEN_2 Inner Tubes (26" x 2.125)	20	
G2-BR.0	Extra Back rest with cord	5	

GEN_3 Standard Spare Parts

<u>ITEM NO.</u>	<u>NAME</u>	<u>Max QTY for Free</u>	<u>QTY requested by Partner</u>
G3-CA-10130	Extra Caster Wheels, Bearings, Stem (piece)	20	
G3-TR-10116/10117	Extra Rear Wheels – 26 inch (piece)	2	
G3-FM.9-10087/10089	Extra Brakes (order in pairs)	4	
G3-FR-10060	Extra Swing Away Footrests (1 pair)	4	
G3S-ST-10083	GEN_3 Small Plastic Seat	5	
G3M-ST-10185	GEN_3 Medium Plastic Seat	5	
G3L-ST-10186	GEN_3 Large Plastic Seat	5	
G3XL-ST-10173	GEN_3 X-Large Plastic Seat	5	
BR.3	Extra Cord (per Meter)	20	
G3S-CSH-10135	GEN_3 Small Covered Cushion	2	
G3M-CSH-10180	GEN_3 Medium Covered Cushion	2	

G3L-CSH-10177	GEN_3 Large Covered Cushion	2	
G3XL-CSH-10174	GEN_3 X-Large Covered Cushion	2	
G3-FM.8	GEN_3 Extra Hardware	10	
ST.7	Seat/Lap or Chest Belt	5	
TR.9-10110	Extra Gen_2 Inner Tubes (26" x 2.125)	20	
G3-BR.0	Back rest with cord	5	