




Product Order Form on behalf of: _____

| Bill To | Ship To | Purchase Method |
|--------------------------|--------------------------|--|
| Name: | Name: | <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Wired funds <input type="checkbox"/> Discover <input type="checkbox"/> PayPal <input type="checkbox"/> Amex |
| Street: | Street: | Quote # / Invoice # / PO#: |
| City, state, zip: | City, state, zip: | Credit card number: <i>[PayPal or wired funds purchasers: contact us for instruction]</i> |
| Phone: | Phone: | Expiration date (mm/yy): |
| Email: | Email: | Security code: |

Gait Harness System for Home Users



- Multi-directional base frame
- Double Wide or Standard Wide Forearm Support Top
- Single custom-size Gait Harness
- Adjuster support straps
- Height set locking pins
- Training materials
- Ships fully assembled

Provide user measurements:


- Height _____ "
- Weight _____ lb.
- Inseam _____ "
- Waistline _____ "
- Thigh 2-3" above knee _____ "

Gait Harness System for Practitioners




- Multi-directional base frame
- Standard Wide Forearm Support Top
- Set of small, medium & large adult Gait Harnesses
- Adjuster support straps
- Height set locking pins
- Training materials
- Ships fully assembled

Hand Hold Accessory Set



- 2 size options
- Order to fit either Double Wide or Standard Wide Forearm Support Tops

Gait Harness




- Standard small, medium & large Gait Harness sizes OR
- Custom-size Gait Harness option

Provide user measurements:

- Height _____ "
- Weight _____ lb.
- Inseam _____ "
- Waistline _____ "
- Thigh 2-3" above knee _____ "

Gait Harness System Pediatric Practitioners



- Multi-directional pediatric or adult base frame
- Double Wide Forearm Support Top
- Set of small, medium & large pediatric Gait Harnesses
- Adjuster support straps
- Height set locking pins
- Training materials
- Ships fully assembled


Submit order to:

Email: orders@secondstepinc.com

Phone: 877.299.STEP (7837)

Fax: 877.299.7458

Mail: P.O. Box 565, Anna Maria FL 34216-0565



Purchase Authorization I, _____ authorize Second Step, Inc. to charge my credit card above/accept my PayPal, wired fund or check remittance for agreed upon purchases in the amount of \$ _____ as per Quote, Invoice or PO # _____. Second Step manufactures custom merchandise. No refunds will be given on any purchase. All sales, leases, lease-to-owns and layaways are final.

PURCHASER SIGNATURE: _____ **DATE:** _____