

UCare Car Seat Order Form

DATE Submitted by SEATS Partner: ____/____/____

Bill To	Ship To
Attn: Health Promotion	Name:
UCare	Agency:
P.O. Box 52	Address:
Minneapolis, MN 55440	City, State, Zip:
Ph # 612-676-3351	Phone:

Delivery Type (check mark)	
Business	
Residential	
Special Instructions – for <u>10 – 12+ boxes of seats</u> : E.g., call for delivery appt.; Or, for any size order, if can only accept deliveries on specific week days	

Quantity Ordering: Number of <i>Individual</i> Car Seats/Clips	Item #	Description
<i>Convertibles and High Back Boosters (Combination Seats) – Indicate the number of individual seats needed. (Combination seats no longer come with locking clips, so you will need to order these separately.) NOTE: Must be in multiples of 2 (e.g. – 2, 4, 6, 8, etc.)</i>		
	CC254FSM	Convertible Cosco Scenara (2 to a box)
	BC110FSM	Combination COSCO Finale 2-in-1 (High Back Booster, 2 to a box)
	4045	Locking Clip
<i>Backless Boosters – Indicate the number of individual backless booster seats needed. NOTE: Must be in multiples of 4 (e.g. – 4, 8, 12, 16, etc.)</i>		
	3414198	No Back Booster (4 to a box)

Freight & Shipping Instructions	Payment Method
Prepaid and added to invoice; NO freight quote required prior to shipment; NO dock for delivery	Invoicing – Purchase Order

Your Car Seat Inventory	# of car seats remaining in your stock (<u>do not</u> include your new order above)
Convertible	
Combination (high back booster)	
Backless Booster	

SEATS Partners: Complete and email to carseatorders@ucare.org