

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 | |

| 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> | | |
| | CC254FWM | Convertible Cosco Scenara (2 to a box) |
| | BC110FWM | Combination COSCO Finale 2-in-1 (High Back Booster, 2 to a box) |
| | 4045 | Locking Clip |
| <i>Infant Carriers – Indicate the number of individual infant carrier seats needed.</i> | | |
| | IC379HLW | Infant Carrier Safety 1st Onboard FLX Infant Car (1 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) |
|---------------------------------|--|
| Infant Carriers | |
| Convertible | |
| Combination (high back booster) | |
| Backless Boosters | |

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