

Jouse Accessories Order Form

Item Description		Qty	Price	Total
Jouse3 upgrade from Jouse2 (control unit only)			\$599.00	
Replacement joystick	Joystick		\$399.00	
Replacement arm with desk mount	Control Unit		\$399.00	
Extra user accessories pack (includes mouthpiece, puff tube variety pack, 2 air filter assemblies, 5 small air tube connectors and 6" extension arm)			\$99.95	
Jouse toolkit (includes ratchet small air tube connectors, 2 U	9/16" socket, 9 piece hex key set, 2 air filter assemblies, puff tube variety pac ISB cables and carrying case)	k, 5	\$129.95	
Super clamp (alternate mount	suitable for wheelchair)		\$99.00	
Replacement mouthpiece (wit	th puff tube variety pack)		\$49.95	
6" extension arm	Extension Am		\$29.95	
Air filter assembly, Qty 1 (Please check if S/N is before J22133)			\$12.95	
Air filter assembly, Qty 5 Please check if S/N is before	J22133) Serial Numbers above J22132		\$59.95	
Air filter assembly, Qty 10 (Please check if S/N is before J22133)			\$99.95	
Air filter assembly, Qty 20 (Please check if S/N is before J22133)			\$159.95	
Disposable puff tubes, Qty 20	0 (10 short and 10 long)		\$19.95	



Item Description		Price	Total
Short cigarette style puff tubes, Qty 10	1.0.2	\$19.95	
Short cigarette style puff tubes, Qty 20		\$37.95	
Long cigarette style puff tubes, Qty 5		\$27.95	
Long cigarette style puff tubes, Qty 10		\$49.95	
Long cigarette style puff tubes, Qty 20		\$89.95	
Small air tube connectors, Qty 5	3	\$17.00	
Air tube assembly (for Jouse2 units with S/N J22132 & lower)		\$9.95	
Envelope Shipping Options (please select one): Ground: Canada \$20.00 United States \$30.00 Air: Canada \$30.00 United States \$40.00 Collect: \$0.00 Preferred courier: Acct# Ground Air *Shipping to Alaska, Hawaii and non-continental US locations may require additional shipping *Purchaser is responsible for paying any duties/taxes that may apply.	g charges.		
Р	lease indicate S/N of Jouse requ	iring accessories:	S/N
	(applicable t	axes extra) Total:	

Billing Information:	Shipping Information: (Same as Billing:)
Name:	Name:
Business:	Business:
Address:	Address:
City:	City:
Province/State:	Province/State:
Postal/Zip:	Postal/Zip:
Telephone:	Telephone:
e-mail:	e-mail:

Name on Credit Card Credit Card #	(Please Print) Today's Date: Expiration CCV:	
	e-mail this form to our Assistive Technology team: at@compusult.net	