



Phone: 1-800-255-0285  
www.pacesaver.com

# EQUALIZER Boss 4.5 Base w/Medium Tilt Page 1 of 2

Fax this MSRP Order Form  
Toll Free to 1-800-862-8782

Leisure-Lift, Inc.  
Effective May 2018

## Dealer Account Information

Please fill out all information completely

Account No.: _____ PO#: _____	Ship to: _____
Dealer: _____	Address: _____
Address: _____	City/ST/Zip: _____
City, State, Zip: _____	Phone: _____
Phone: _____ Fax: _____	Notes: _____
Contact: _____ Date: _____	E-Mail Address: _____

## Power Base Information

<b>Model 82389</b>	<b>MSRP Price</b>	<b>BATTERIES</b>
<input type="checkbox"/> <b>Scout 4.5 Power Base</b>	<b>\$7,409</b>	<input type="checkbox"/> Group 24 - 75 AMP (2 required) \$340 ea.
400 lb. weight capacity, FWD, 14" Flat Free Tires, 8° MIR, Programmable, Removable/Height & Angle Adjustable Arms. No suspension.		<b>OTHER ACCESSORIES &amp; OPTIONS</b>
<b>COLOR - MIRROR GLAZE™ (Check one)</b>		
<input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black		
<b>CONTROLLER (Check one)</b>		
<input type="checkbox"/> Right Hand    Standard <input type="checkbox"/> Left Hand    NC		
<b>CONTROLLER OPTIONS</b>		<input type="checkbox"/> Basket - Folding \$ 50
<input type="checkbox"/> Integrated (2 Functions) \$300		<input type="checkbox"/> Cup Holder \$ 30
<input type="checkbox"/> Retractable \$200		<input type="checkbox"/> Flag \$ 50
<input type="checkbox"/> Attendant \$600		<input type="checkbox"/> Front Bag \$ 68
		<input type="checkbox"/> Oxygen Cylinder Holder \$150
		<input type="checkbox"/> Privacy Flap \$ 40
		<input type="checkbox"/> Saddle Bag \$ 40
		<input type="checkbox"/> Cane Holder \$ 16
		<input type="checkbox"/> Tie Downs \$170
		<input type="checkbox"/> Weather Cover \$200

## Equalizer Tilt Information

<input type="checkbox"/> <b>Equalizer Tilt "B" System-30564</b> \$4,600 (required for all Heavier Tilt Systems)	<b>SEAT CUSHION TYPE</b>
<input type="checkbox"/> <b>Medium Tilt Option (400# max)30566</b> \$2,595 (required)	
<b>FRAME WIDTH (Check One)</b> (outside to outside of frame tubes) - 2" increments <input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/> 26" Std. Custom Size _____ (No wider than 30") \$200 <input type="checkbox"/> Endomorphic (off-set back canes) \$170 <input type="checkbox"/> 2" narrower than seat <input type="checkbox"/> 4" narrower than seat	<input type="checkbox"/> General Purpose (non-coded) seat cushion <input type="checkbox"/> 26" <input type="checkbox"/> 28" <input type="checkbox"/> 30" wide \$140 <input type="checkbox"/> Wider than 30" \$160 <input type="checkbox"/> None
<b>FRAME DEPTH</b> <input type="checkbox"/> Depth 18" - 24" (specify size _____) Std. <input type="checkbox"/> Depth Extension (with or without ELRs) \$120	<b>BACK HEIGHT (above solid pan)</b> <input type="checkbox"/> Back Height (Adj.:19" - 27") _____ Std. <input type="checkbox"/> Custom Cane Ht. _____ \$200 (no shorter than 13" - Standard gap is 5") (Top of seat pan to top of back _____)
<b>SEAT PAN</b> <input type="checkbox"/> Solid seat pan (1/4" ABS-24" x 24") Std. <input type="checkbox"/> Custom Size _____ NC	<b>ARMPAD TYPE (Choose One)</b> <input type="checkbox"/> 11" upholstered w/flat top (pair) NC <input type="checkbox"/> 14" upholstered w/flat top (pair) Std. <input type="checkbox"/> 11"/14" upholstered w/flat top (1ea.) NC (specify handing (L) ___(R) ___)
<b>SEAT BACK (Contoured back - 17" high)</b> Width: <input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/> 26" 2" increments Std. <input type="checkbox"/> Custom (specify size _____)(No wider than 30")\$200	<b>ADMIRAL SEAT - Not Available on Med. Tilt</b>



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Dealer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Ship to: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Notes: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## Equalizer Tilt Information *Continued*

<p><b>FOOTPLATE OPTIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Center Column Footplate (<i>manual</i>) \$ 1000</li> <li><input type="checkbox"/> Center Column-Individ. Footplates(<i>pr</i>) \$ 1000</li> <li><input type="checkbox"/> Custom Footplate \$ 300</li> <li><input type="checkbox"/> Center Col. Footplate (<i>power</i>) \$ 1870</li> <li><input type="checkbox"/> Center Col.-Individ. Ftplates(<i>pr</i>) (<i>power</i>) \$ 2110</li> </ul> <p><b>LEG RIGGINGS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevating Legrest (high) \$180ea <ul style="list-style-type: none"> <li><input type="checkbox"/> LH                      <input type="checkbox"/> RH</li> </ul> </li> <li><input type="checkbox"/> Elevating Legrest (low) \$180ea <ul style="list-style-type: none"> <li><input type="checkbox"/> LH                      <input type="checkbox"/> RH</li> </ul> </li> <li><input type="checkbox"/> HD Elevating Leg Rests (L &amp; R) (<i>powered</i>) \$900ea</li> <li><input type="checkbox"/> HD Elevating Leg Rests (L &amp; R) (<i>manual</i>) \$550ea</li> <li><input type="checkbox"/> Amputee Support \$220ea</li> <li><input type="checkbox"/> Heel Straps (ea.) \$ 25</li> <li><input type="checkbox"/> ELR Knee Pads (<i>pr.</i>) \$ 80</li> <li><input type="checkbox"/> Footplate (when used with ELRs) \$200</li> <li><input type="checkbox"/> 1-Pc. Leg Pad (<i>manual</i>) \$700</li> <li><input type="checkbox"/> Thigh Supports (<i>Folding</i>) \$550pr.</li> <li><input type="checkbox"/> Thigh Supports (<i>Fixed</i>) \$300pr.</li> </ul> <p><b>ANTI-TIP OPTIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Center Mount (<i>manual</i>) \$ 500</li> <li><input type="checkbox"/> Anti-Tips (For custom footplate) <ul style="list-style-type: none"> <li><input type="checkbox"/> 1"Offset (<i>pr</i>) \$ 80    <input type="checkbox"/> 3"Offset (<i>pr</i>) \$ 130</li> </ul> </li> <li><input type="checkbox"/> Stanza™ (<i>power</i>) Anti-tips \$ 700</li> <li><input type="checkbox"/> Stanza™ (<i>power</i>) Ctr Mt. Anti-tips \$ 700 <i>w. Individ. Footplates</i></li> </ul> <p><b>COMMENTS:</b></p> <hr/> <hr/> <hr/>	<p><b>TILT ACCESSORIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rehab Headrest Pad (Reg.) \$170</li> <li><input type="checkbox"/> Rehab Headrest Pad (Lg.) \$190</li> <li><input type="checkbox"/> Rehab Headrest Mount Assembly \$180</li> <li><input type="checkbox"/> Rehab Headrest Mount (Bracket only) \$ 70</li> <li><input type="checkbox"/> Rehab Headrest Removable Cover \$ 60</li> <li><input type="checkbox"/> Admiral Headrest \$ 80</li> <li><input type="checkbox"/> 60" Long Lap Restraint Std.</li> <li><input type="checkbox"/> 74" Long Lap Restraint \$ 60</li> <li><input type="checkbox"/> Aircraft Type Lap Restraint \$ 70</li> <li><input type="checkbox"/> Lateral Thoracic Supports (<i>pr.</i>) (<i>not installed</i>) \$460 <i>(Factory installation requires Mounting Tracks)</i></li> <li><input type="checkbox"/> Mounting Tracks \$110</li> <li><input type="checkbox"/> Elbow Block (ea.) \$ 50 <ul style="list-style-type: none"> <li><input type="checkbox"/> Right Mounted    <input type="checkbox"/> Left Mounted</li> </ul> </li> </ul>
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**WARRANTY:**

Please see literature for warranty information.

**NOTE:**

Prices may vary depending on location and dealer. Some part numbers may vary depending on option, color, model, or other factors. Option prices apply only when purchased with a Equalizer. **Please contact PaceSaver customer service to be sure of correct pricing and part numbers.** This price list supersedes all previous price lists.