



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

# EQUALIZER Boss 6 Base

w/Heavy Duty Tilt - Group 3  
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 82676</b><br><input type="checkbox"/> <b>BOSS 6 Power Base</b> <b>\$12,160</b><br>600 lb. weight capacity, FWD, 13" Flat Free Tires, 7° MIR programmable, Removable/Height & Angle Adjustable arms. With Suspension. (600# max) <b>K0860, K0863</b>  | <b>BATTERIES</b><br><input type="checkbox"/> Group 24 - 75 AMP (2 required) \$340 ea.  |
| <b>COLOR - MIRROR GLAZE™ (Check one)</b><br><input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black   | <b>OTHER ACCESSORIES &amp; OPTIONS</b>   |
| <b>CONTROLLER (Check one)</b><br><input type="checkbox"/> Right Hand Std. <input type="checkbox"/> Left Hand NC   | <input type="checkbox"/> Basket - Folding \$ 50<br><input type="checkbox"/> Cup Holder \$ 30<br><input type="checkbox"/> Flag \$ 50<br><input type="checkbox"/> Front Bag \$ 68<br><input type="checkbox"/> Oxygen Cylinder Holder \$150<br><input type="checkbox"/> Privacy Flap \$ 40<br><input type="checkbox"/> Saddle Bag \$ 40<br><input type="checkbox"/> Cane Holder \$ 16<br><input type="checkbox"/> Tie Downs \$170<br><input type="checkbox"/> Weather Cover \$200 |
| <b>CONTROLLER OPTIONS</b><br><input type="checkbox"/> Integrated (2 Functions) \$300<br><input type="checkbox"/> Retractable \$200<br><input type="checkbox"/> Attendant \$600<br><input type="checkbox"/> Rear Mounted Joystick \$100<br><input type="checkbox"/> 4-Actuator module \$480<br><input type="checkbox"/> DX2 w/Color Display \$1350 |  |

## HD Equalizer Tilt Information

|   |  |
|---|--|
| <input type="checkbox"/> <b>Equalizer Tilt "B" System-30564</b> <b>\$4,600</b><br><i>(required for all Heavier Tilt Systems)</i>  | <b>SEAT CUSHION TYPE</b><br><input type="checkbox"/> General Purpose (non-coded) seat cushion<br><input type="checkbox"/> 26" <input type="checkbox"/> 28" <input type="checkbox"/> 30" wide \$140<br><input type="checkbox"/> Wider than 30" \$160<br><input type="checkbox"/> None |
| <input type="checkbox"/> <b>Medium Tilt Option (450# max)-30566</b> <b>\$2,595</b><br><input type="checkbox"/> <b>Large Tilt Option (600# max) - 30565</b> <b>\$2,895</b>   | <b>BACK HEIGHT (above solid pan)</b><br><input type="checkbox"/> Back Height (Adj.:19" - 27") _____ Std.<br><input type="checkbox"/> Custom Cane Ht. _____ " \$200<br><i>(no shorter than 13" - Standard gap is 5")</i><br>(Top of seat pan to top of back _____ ")                  |
| <b>FRAME WIDTH (Check One)</b><br>(outside to outside of frame tubes) - 2" increments<br><input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/> 26" <input type="checkbox"/> 28" Std.<br>Custom Size _____ (No wider than 30") \$200  | <b>ARMPAD TYPE (Choose One)</b><br><input type="checkbox"/> 11" upholstered w/flat top (pair) NC<br><input type="checkbox"/> 14" upholstered w/flat top (pair) Std.<br><input type="checkbox"/> 11"/14" upholstered w/flat top (1ea.) NC<br>(specify handing (L) ___ (R) ___)        |
| <b>FRAME DEPTH</b><br><input type="checkbox"/> Depth 18" - 26" (specify size _____ ") Std.  | <b>ADMIRAL SEAT - Not Available on HD Tilt</b>   |
| <b>SEAT PAN</b><br><input type="checkbox"/> Solid seat pan (1/4" ABS-24" x 24") Std.<br><input type="checkbox"/> Custom Size _____ NC<br><input type="checkbox"/> Omit seat pan NC  |  |
| <b>SEAT BACK (Contoured back - 17" high)</b><br>Width: <input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/> 26" 2" increments Std.<br><input type="checkbox"/> Custom (specify size _____ ")(No wider than 30") \$200<br><input type="checkbox"/> Gluteal Shelf (GPS) \$160<br><input type="checkbox"/> Endomorphic (off-set back canes) \$170<br><input type="checkbox"/> 2" narrower than seat <input type="checkbox"/> 4" narrower than seat |  |



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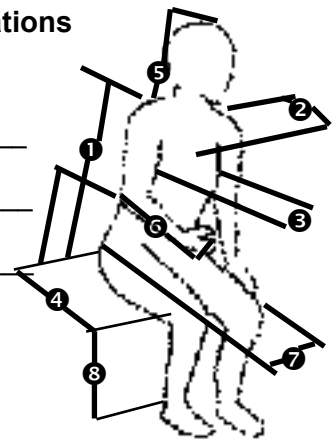
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| Account No.: _____ PO#: _____ | Ship to: _____        |
| Dealer: _____                 | Address: _____        |
| Address: _____                | City/ST/Zip: _____    |
| City, State, Zip: _____       | Phone: _____          |
| Phone: _____ Fax: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

## HD Equalizer Tilt Information *continued*

|  |   |
|--|---|
| <p><b>FOOTPLATE OPTIONS</b></p> <p><input type="checkbox"/> Center Column Footplate (<i>manual</i>) \$ 1000</p> <p><input type="checkbox"/> Center Column-Individ. Footplates(<i>pr</i>) \$ 1000</p> <p><input type="checkbox"/> Custom Footplate \$ 300</p> <p><input type="checkbox"/> Center Col. Footplate (<i>power</i>) \$ 1930</p> <p><input type="checkbox"/> Center Col.-Individ. Ftplates(<i>pr</i>) (<i>power</i>) \$ 2110</p> <hr/> <p><b>LEG RIGGINGS</b></p> <p><input type="checkbox"/> Elevating Legrest (high) \$180ea</p> <p style="padding-left: 40px;"><input type="checkbox"/> LH                      <input type="checkbox"/> RH</p> <p><input type="checkbox"/> Elevating Legrest (low) \$180ea</p> <p style="padding-left: 40px;"><input type="checkbox"/> LH                      <input type="checkbox"/> RH</p> <p><input type="checkbox"/> HD Elevating Leg Rests (L &amp; R) (<i>powered</i>) \$900ea</p> <p><input type="checkbox"/> HD Elevating Leg Rests (L &amp; R) (<i>manual</i>) \$550ea</p> <p><input type="checkbox"/> Amputee Support \$220ea</p> <p><input type="checkbox"/> Heel Straps (ea.) \$ 25</p> <p><input type="checkbox"/> ELR Knee Pads (pr.) \$ 80</p> <p><input type="checkbox"/> Footplate (when used with ELRs) \$200</p> <p><input type="checkbox"/> 1-Pc. Leg Pad (manual) \$700</p> <p><input type="checkbox"/> Thigh Supports (<i>Folding</i>) \$550pr.</p> <p><input type="checkbox"/> Thigh Supports (<i>Fixed</i>) \$300pr.</p> <hr/> <p><b>ANTI-TIP OPTIONS</b></p> <p><input type="checkbox"/> Center Mount (<i>manual</i>) \$500</p> <p><input type="checkbox"/> Anti-Tips (For custom footplate)</p> <p style="padding-left: 40px;"><input type="checkbox"/> 1"Offset (<i>pr</i>) \$ 80    <input type="checkbox"/> 3"Offset (<i>pr</i>) \$130</p> <p><input type="checkbox"/> Stanza™ (<i>power</i>) Anti-tips \$700</p> <p><input type="checkbox"/> Stanza™ (<i>power</i>) Ctr Mt. Anti-tips \$700</p> <p style="padding-left: 40px;"><i>w. Individ. Footplates</i></p> <hr/> <p><b>COMMENTS:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><b>TILT ACCESSORIES</b></p> <p><input type="checkbox"/> Rehab Headrest Pad (Reg.) \$170</p> <p><input type="checkbox"/> Rehab Headrest Pad (Lg.) \$190</p> <p><input type="checkbox"/> Rehab Headrest Mount Assembly \$180</p> <p><input type="checkbox"/> Rehab Headrest Mount (Bracket only) \$ 70</p> <p><input type="checkbox"/> Rehab Headrest Removable Cover \$ 60</p> <p><input type="checkbox"/> Admiral Headrest \$ 80</p> <p><input type="checkbox"/> 60" Long Lap Restraint Std.</p> <p><input type="checkbox"/> 74" Long Lap Restraint \$ 60</p> <p><input type="checkbox"/> Aircraft Type Lap Restraint \$ 70</p> <p><input type="checkbox"/> Lateral Thoracic Supports (pr.) (<i>not installed</i>) \$460</p> <p style="padding-left: 40px;"><i>(Factory installation requires Mounting Tracks)</i></p> <p><input type="checkbox"/> Mounting Tracks \$110</p> <p><input type="checkbox"/> Elbow Block (ea.) \$ 50</p> <p style="padding-left: 80px;"><input type="checkbox"/> Right Mounted                      <input type="checkbox"/> Left Mounted</p> <hr/> <p><b>Dealer's Client Specifications</b></p> <p>Client Height _____</p> <p>Client Weight _____</p> <p>① Seat to Shoulder _____</p> <p>② Trunk Width _____</p> <p>③ Chest Width _____</p> <p>④ Knee to Back _____</p> <p>⑤ Seat to Top of Head _____</p> <p>⑥ Elbow to Hand _____</p> <p>⑦ Hip Width _____</p> <p>⑧ Knee to Heel _____</p> <p>Special Client Conditions</p> <p>_____</p> <p>_____</p> |
|--|---|



**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.