



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

EQUALIZER
Boss 6.75 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

Model 82677	MSRP Price	BATTERIES	
<input type="checkbox"/> BOSS 6.75 Power Base-82677	\$12,660	<input type="checkbox"/> Group 24 - 75 AMP (2 required)	\$340 ea.
600 lb. weight capacity, FWD, 13" Flat Free Tires, 7° MIR, Programmable, Removable/Height & Angle Adjustable Arms. With suspension K0854		OTHER ACCESSORIES & OPTIONS	
COLOR - MIRROR GLAZE™ (Check one)		<input type="checkbox"/> Basket - Folding	\$ 50
<input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black		<input type="checkbox"/> Cup Holder	\$ 30
CONTROLLER (Check one)		<input type="checkbox"/> Flag	\$ 50
<input type="checkbox"/> Right Hand Std. <input type="checkbox"/> Left Hand NC		<input type="checkbox"/> Front Bag	\$ 68
CONTROLLER OPTIONS		<input type="checkbox"/> Oxygen Cylinder Holder	\$150
<input type="checkbox"/> Integrated - 90 Amp (2 Functions)	\$400	<input type="checkbox"/> Privacy Flap	\$ 40
<input type="checkbox"/> Retractable	\$200	<input type="checkbox"/> Saddle Bag	\$ 40
<input type="checkbox"/> Attendant	\$600	<input type="checkbox"/> Cane Holder	\$ 16
<input type="checkbox"/> Rear Mounted Joystick	\$100	<input type="checkbox"/> Tie Downs	\$170
<input type="checkbox"/> 4-Actuator module	\$480	<input type="checkbox"/> Weather Cover	\$200
<input type="checkbox"/> DX2 w/Color Display	\$1350		

HD Equalizer Tilt Information

<input type="checkbox"/> Equalizer Tilt "B" System-30564 \$4,600 <i>(required for all Heavier Tilt Systems)</i>	SEAT CUSHION TYPE
<input type="checkbox"/> Medium Tilt Option (450# max)-30566 \$2,595	<input type="checkbox"/> General Purpose (non-coded) seat cushion
<input type="checkbox"/> Large Tilt Option (600# max) - 30565 \$2,895	<input type="checkbox"/> 26" <input type="checkbox"/> 28" <input type="checkbox"/> 30" wide \$140
FRAME WIDTH (Check One) (outside to outside of frame tubes) - 2" increments	<input type="checkbox"/> Wider than 30" \$160
<input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/> 26" <input type="checkbox"/> 28" Std.	<input type="checkbox"/> None
Custom Size _____ (No wider than 32") \$200	BACK HEIGHT (above solid pan)
FRAME DEPTH	<input type="checkbox"/> Back Height (Adj.:19" - 27") Std.
<input type="checkbox"/> Depth 18" - 26" (specify size _____") Std.	<input type="checkbox"/> Custom Cane Ht. _____" \$200
SEAT PAN	<i>(no shorter than 13" - Standard gap is 5")</i> (Top of seat pan to top of back _____")
<input type="checkbox"/> Solid seat pan (1/4" ABS-24" x 24") Std.	ARMPAD TYPE (Choose One)
<input type="checkbox"/> Custom Size _____ NC	<input type="checkbox"/> 11" upholstered w/flat top (pair) NC
<input type="checkbox"/> Omit seat pan NC	<input type="checkbox"/> 14" upholstered w/flat top (pair) Std.
SEAT BACK (Contoured back - 17" high)	<input type="checkbox"/> 11"/14" upholstered w/flat top (1ea.) NC
Width: <input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/> 26" 2" increments Std.	(specify handing (L) ___" (R) ___")
<input type="checkbox"/> Custom (specify size _____") (No wider than 34") \$300	ADMIRAL SEAT - Not Available on HD Tilt
<input type="checkbox"/> Gluteal Shelf (GPS) \$160	
<input type="checkbox"/> Endomorphic (off-set back canes) (pr.) \$170	
<input type="checkbox"/> 2" narrower than seat <input type="checkbox"/> 4" narrower than seat	



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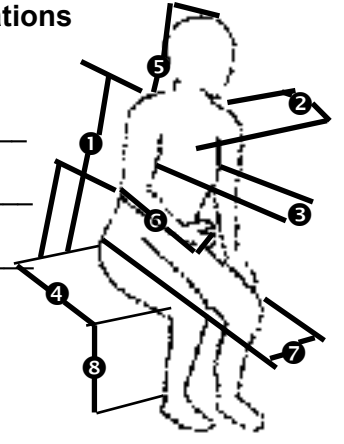
Dealer Account Information

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Address: _____	City/ST/Zip: _____
City, State, Zip: _____	Phone: _____
Phone: _____ Fax: _____	Notes: _____
Contact: _____ Date: _____	E-Mail Address: _____

HD Equalizer Tilt Information *continued*

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



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.