



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

EQUALIZER

RFP4 w/Suspension Base

w/ Medium Tilt - Group 3

Page 1 of 2

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

Leisure-Lift, Inc.
Effective July 2020

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 83180	MSRP Price	BATTERIES
<input type="checkbox"/> Scout RFP4-Suspension Power Base	\$6,800	<input type="checkbox"/> Group 22 - 55 AMP (2 required) \$270ea.
400 lb. weight capacity, FWD, 14" Flat Free Tires, 8° MIR, Programmable, Removable/Height & Angle Adjustable Arms. K0862		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 Standard <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 (2 Functions)	\$300	<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"/> Weather Cover \$200

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



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Equalizer Tilt Information *Continued*

<h4>FOOTPLATE OPTIONS</h4> <ul style="list-style-type: none"> <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 <hr/> <h4>LEG RIGGINGS</h4> <ul style="list-style-type: none"> <input type="checkbox"/> Elevating Legrest (high) \$180ea <ul style="list-style-type: none"> <input type="checkbox"/> LH <input type="checkbox"/> RH <input type="checkbox"/> Elevating Legrest (low) \$180ea <ul style="list-style-type: none"> <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 (ea.) \$ 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. <hr/> <h4>ANTI-TIP OPTIONS</h4> <ul style="list-style-type: none"> <input type="checkbox"/> Center Mount (<i>manual</i>) \$500 <input type="checkbox"/> Anti-Tips (For custom footplate) <ul style="list-style-type: none"> <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> 	<h4>TILT ACCESSORIES</h4> <ul style="list-style-type: none"> <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 (ea.) \$ 50 <ul style="list-style-type: none"> <input type="checkbox"/> Right Mounted <input type="checkbox"/> Left Mounted <hr/> <h4>Dealer's Client Specifications</h4> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>Client Height _____</p> <p>Client Weight _____</p> <ul style="list-style-type: none"> 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 _____ <p>Special Client Conditions _____</p> </div> <div style="flex: 1; text-align: center;"> </div> </div>
<h4>COMMENTS:</h4> <hr/> <hr/> <hr/>	

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.