HAULWAY[®] Scooter & Power Chair Lift Ordering Checklist

EZ-ACCESS

Please complete the following information before quoting or ordering equipment.

Customer Name				Today's Date		
Customer Address	C	Sity		State	Zip	
Phone	Cell Phone	E	Email			
Mobility Device						
3-Wheel Scooter	4-Wr	neel Scooter			ower Chair	
Mobility Device Details Make Wheelbase (if known)					pounds inches	
Hitch Does your vehicle currently have a hitc Hitch Height (Working distance from gr			roduct requires a hitch distance is greater tha		ntact a local hitch installer pp L-tube is required	
	Mobility Device + Mobility Device + Mobility Device Weight o	of Lift	< 300 pounds = < 500 pounds =			
Ordering Equipment						
Follow these easy steps to select your perfection STEP 1 : Choose the main unit	STEP 2: Select tray config	juration	STEP	3: Select or	<u>otional</u> equipment	
Lite	3-Wheel (1 center tray			andard Swi		
Standard	4-Wheel (2 side trays))	🗌 He	eavy Duty S	wingaway	
Heavy Duty (Universal Tray)	Deluxe (center and sid	de trays)	Scooter Cover			
	Power Chair (2 wide s	side trays)	Power Chair Cover			
	Power Chair Deluxe (Power Chair Deluxe (center and wide side trays)				
	Universal (Only availa					