



Effective June 1, 2008

Fusion Scooters

Page 1 of 2

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|---|----------------|
| Model | PN MSRP Price |
| <input type="checkbox"/> Fusion 250 250 lb. capacity, 1 ^{1/4} hp motor, transaxle transmission, 22" overall width. MIR 12° K0806 | 17478 \$3,300 |
| <input type="checkbox"/> Fusion 350 350 lb. capacity, 1 ^{1/4} hp motor, transaxle transmission, 24" overall width. MIR 12° K0807 | 17477 \$3,300 |
| <input type="checkbox"/> Fusion 450 450 lb. capacity. 1 ^{1/4} hp motor, transaxle transmission, 26" overall width. 21" wide seat std. MIR 10° K0807 | 15085 \$3,500 |
| <input type="checkbox"/> Fusion 500 500 lb. capacity, 1 ^{1/4} hp motor, transaxle transmission, 26" overall width. 21" wide seat std. MIR 8° K0808 | 15090 \$3,700 |

SEATING CHOICES (Check one)

| | |
|---|---|
| <input type="checkbox"/> Com-For-Back Seat 18" w x 18" deep ¹ | Std. |
| <input type="checkbox"/> 21" Wide Com-For-Back Seat (STD on 450/500) | \$100 |
| <input type="checkbox"/> 23" or under Custom" Com-For-Back Seat ³ | \$200 |
| <input type="checkbox"/> 24" Custom Com-For-Back Seat ³ | \$250 |
| <input type="checkbox"/> Solid Wood Base for Com-For-Back Seat (Check one) | |
| <input type="checkbox"/> 16" - 20" w - \$40 | <input type="checkbox"/> 21" - 24" w - \$80 |
| <input type="checkbox"/> Admiral's Seat 18" w x 18" deep | \$160 |
| <input type="checkbox"/> Admiral's Seat 21" w x 21" (grey vinyl stocked) ³ | \$240 |
| <input type="checkbox"/> Admiral's Seat Custom Size (Max. 24" width) ³ | \$480 |
| <input type="checkbox"/> Solid Wood Base for Admiral Seat ³ | \$200 |
| <input type="checkbox"/> Rehab Cane Seating System (frame only) | \$120 |
| <input type="checkbox"/> Heavy-Duty Cane Seating System (frame only) | \$200 |
| <input type="checkbox"/> Solid Seat Base for Rehab Cane Seating System | \$140 |
| <input type="checkbox"/> Rehab Curved Backs 14" - 20" | \$240 |
| <input type="checkbox"/> Rehab Curved Back custom size wider than 20" | \$340 |
| <input type="checkbox"/> Lateral Thoracic Supports (not installed) | \$460 pr |
| (Factory installation requires Mounting Tracks) | |
| <input type="checkbox"/> Mounting Tracks | \$110 |

COLOR - MIRROR GLAZE™ (Check one)

Blue Red Black

CONTROLLER (Check one)

Right Hand Std. Left Hand \$ 50

FLAT FREE TIRES

All 3 wheeled scooters \$120

BATTERIES

U-1 batteries (2 required) 10703 \$150 ea.

SEATING ACCESSORIES

Adjustable Headrest (Specify Color _____) \$ 60
 Pelvic Strap \$ 42

FABRIC CHOICES (Check one)

Black Velvet Gray Vinyl
 Gray Velvet Charcoal Vinyl

MOLDED ARM PADS Std.
 4" LOWER SEAT BACK N/C

ARMRESTS (Check one) see footnotes below

Adjustable/Removable Arms \$Std.
 Heavy-Duty Adjustable/Removable Arms (STD on 450/500) \$90
 Longer Arm Pads \$15 ea.

(MUST CHECK ONE)

Your order will NOT be processed unless one of these boxes is checked.

YES I want additional accessories listed on back.
 NO I do not want additional accessories list on back.

PACESAVER SCOOTER FOOTNOTES:

- 1 - Adjustable/Removable Arms standard
- 2 - Pelvic Strap Required
- 3 - Custom order form must be filled out- Extra Lead Time.
- 4 - Rear mounted accessories are not available with type seat.
- 5 - Lift of 5" - 6".
- 6 - Pelvic Strap Required
- 7 - Custom order form must be filled out- Extra Lead Time.



Effective June 1, 2008

Fusion Scooters

Page 2 of 2

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Account Information

| | | | |
|-------------------|-------|-------|-------|
| Account No.: | _____ | PO#: | _____ |
| Dealer: | _____ | | |
| Address: | _____ | | |
| City, State, Zip: | _____ | | |
| Phone: | _____ | Fax: | _____ |
| Contact: | _____ | Date: | _____ |

OTHER ACCESSORIES & OPTIONS

| | | |
|--|-------|-------|
| <input type="checkbox"/> Off Cart Charging Harness | 14453 | \$ 60 |
| <input type="checkbox"/> On-Board Charger | 17515 | \$ 65 |
| <input type="checkbox"/> Oxygen Cylinder Holder | 16889 | \$110 |
| <input type="checkbox"/> Rear View Mirror | 12142 | \$ 30 |
| (Can not be used with Delta Tiller) | | |
| <input type="checkbox"/> Saddle Bag | 14633 | \$ 30 |
| <input type="checkbox"/> Tiller Extension | 16720 | \$ 50 |
| <input type="checkbox"/> Thumbrest Extension | 11406 | \$ 30 |
| <input type="checkbox"/> Walking Cane Holder | 10705 | \$ 8 |
| <input type="checkbox"/> Walker/Crutch Holder | 16938 | \$130 |

OTHER ACCESSORIES & OPTIONS

| | | |
|--|-------|-------|
| <input type="checkbox"/> Back-up Beeper | 10006 | \$ 50 |
| <input type="checkbox"/> Basket - Folding | 10701 | \$ 36 |
| <input type="checkbox"/> Cup Holder | 14635 | \$ 22 |
| <input type="checkbox"/> Delta Tiller | 17367 | \$ 50 |
| <input type="checkbox"/> Delta Pull Throttle | ----- | \$ 50 |
| <input type="checkbox"/> Dual Accessories Mount | 17172 | \$ 60 |
| <input type="checkbox"/> Flag | 16640 | \$ 40 |
| <input type="checkbox"/> Front Bag | 14632 | \$ 50 |
| <input type="checkbox"/> Light Package - Deluxe | 17388 | \$280 |
| (Includes headlight, tail-lights & turn signals) | | |

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 scooter. **Please contact PaceSaver customer service to be sure of correct pricing and part numbers.** This price list supersedes all previous price lists.

Leisure-Lift, Inc.

1800 Merriam Lane • Kansas City, KS 66106

Phone: 800-255-0285 • Fax: 800-862-8782 • Fax: 913-722-2614

Features, prices and specifications subject to change. Call Leisure-Lift®, Inc. for current information.
PaceSaver® and Titan® are registered trademarks of Leisure-Lift®, Inc. Espree, Eclipse, Plus III, Passport,
Premier, Altima, Scout, Fusion, Fusion 350, Fusion 450, Boss, Boss 6, Boss 6NS, Boss 6.75, M1, PBR, RF, RF4, RFP3, RFP4.
Com-For-Back, Midi-Drive, Soft-Touch, Magnum and Ultimaare trademarks of Leisure-Lift, Inc.
©2005 Leisure-Lift, Inc. All rights reserved.

PaceSaver®

Effective June 1, 2008

Espree Scooters

Page 1 of 2

Fax this MSRP Order Form

toll free to 800-862-8782

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity | Total | \$ |
|---|-------|------------|
| Model | PN | MSRP Price |
| <input type="checkbox"/> Espree Premier 9" ¹ | 15068 | \$2,895 |
| 300 lb. capacity, 1 ¹ / ₄ hp motor, transaxle transmission, 9" tires and on-board charger. MIR 12° K0806 | | |
| <input type="checkbox"/> Espree Premier 10" ¹ | 15068 | \$2,895 |
| 300 lb. capacity, 1 ¹ / ₄ hp motor, transaxle transmission, 10" tires and on-board charger. MIR 12° K0806 | | |
| <input type="checkbox"/> Espree Titan ¹ | 15057 | \$3,299 |
| 350 lb. capacity, 1 ¹ / ₄ hp motor, heavy-duty transaxle transmission and on-board charger. MIR 12° K0807 | | |
| <input type="checkbox"/> Espree Atlas ² | 15035 | \$3,495 |
| 450 lb. capacity, 1 ¹ / ₄ hp motor, heavy-duty transaxle transmission, 21" wide heavy-duty seat and on-board charger. MIR 10° K0807 | | |
| <input type="checkbox"/> Espree Atlas 5 ² | 15086 | \$3,695 |
| 500 lb. capacity, Similar to Espree Atlas. MIR 8° K0808 | | |
| COLOR - MIRROR GLAZE™ (Check one) | | |
| <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black | | |
| CONTROLLER (Check one) | | |
| <input type="checkbox"/> Right Hand Std. <input type="checkbox"/> Left Hand \$50 | | |
| 4" STRETCH FRAME (Plus III & Espree models only) | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes Call \$200 | | |
| FLAT FREE TIRES | | |
| <input type="checkbox"/> All 3 wheeled scooters \$120 | | |
| BATTERIES | | |
| <input type="checkbox"/> U-1 batteries (2 required) 10703 \$150 ea | | |
| SEATING ACCESSORIES | | |
| <input type="checkbox"/> Power Seat ⁵ \$850 | | |
| <input type="checkbox"/> Sliding Seat (Not available on Atlas with Power seat) \$50 | | |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) \$60 | | |
| <input type="checkbox"/> Pelvic Strap \$42 | | |
| FABRIC CHOICES (Check one) | | |
| <input type="checkbox"/> Black Velvet <input type="checkbox"/> Gray Vinyl | | |
| <input type="checkbox"/> Gray Velvet <input type="checkbox"/> Charcoal Vinyl | | |

| SEATING CHOICES (Check one) | |
|---|----------|
| <input type="checkbox"/> Com-For-Back Seat 18" w x 18" deep ¹ | Std. |
| <input type="checkbox"/> 21" Wide Com-For-Back Seat ³ (Std on Espree Atlas) | \$100 |
| <input type="checkbox"/> 23" or under Custom" Com-For-Back Seat ^{3,7} | \$200 |
| <input type="checkbox"/> 24" Custom Com-For-Back Seat ^{3,7} | \$250 |
| <input type="checkbox"/> Solid Wood Base for Com-For-Back Seat ⁷ (Check one) | |
| <input type="checkbox"/> 16" - 20" w - \$40 <input type="checkbox"/> 21" - 24" w - \$80 | |
| <input type="checkbox"/> Admiral's Seat 18" w x 18" deep ^{1,7} | \$160 |
| <input type="checkbox"/> Admiral's Seat 21" w x 21" (grey vinyl stocked) ³ | \$240 |
| <input type="checkbox"/> Admiral's Seat Custom Size ^{3,7} (Max. 24" width) | \$480 |
| <input type="checkbox"/> Solid Wood Base for Admiral Seat ⁷ | \$200 |
| <input type="checkbox"/> Rehab Cane Seating System (frame only) ^{3,4,6,7} | \$120 |
| <input type="checkbox"/> Heavy-Duty Cane Seating System (frame only) ^{3,4,6,7} | \$200 |
| <input type="checkbox"/> Solid Seat Base for Rehab Cane Seating System ⁷ | \$140 |
| <input type="checkbox"/> Rehab Curved Backs 14" - 20" | \$240 |
| <input type="checkbox"/> Rehab Curved Back custom size wider than 20" | \$340 |
| <input type="checkbox"/> Lateral Thoracic Supports (not installed) | \$460 pr |
| (Factory installation requires Mounting Tracks) | |
| <input type="checkbox"/> Mounting Tracks | \$110 |

| ARMRESTS (Check one) see footnotes below | |
|---|----------|
| <input type="checkbox"/> Removable Fixed Height Arms | NC |
| <input type="checkbox"/> Adjustable/Removable Arms | Std. |
| <input type="checkbox"/> Heavy-Duty Adjustable/Removable Arms | \$90 |
| <input type="checkbox"/> Longer Arm Pads | \$15 ea. |

Additional Accessories and Options on back.
(MUST CHECK ONE)
Your order will NOT be processed unless one of these boxes is checked.

YES I want additional accessories listed on back.
 NO I do not want additional accessories list on back.

| PACESAVER SCOOTER FOOTNOTES: | |
|--|--|
| 1 - Removable Fixed Height Arms standard | |
| 2 - Heavy-Duty Adjustable/Removable arms standard | |
| 3 - Adjustable/Removable Arms standard | |
| 4 - Rear mounted accessories are not available with type seat. | |
| 5 - Lift of 5" - 6". | |
| 6 - Pelvic Strap Required | |
| 7 - Custom order form must be filled out- Extra Lead Time. | |



Effective June 1, 2008

Espree Scooters

Page 2 of 2

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Account Information

| | | | |
|-------------------|-------|-------|-------|
| Account No.: | _____ | PO#: | _____ |
| Dealer: | _____ | | |
| Address: | _____ | | |
| City, State, Zip: | _____ | | |
| Phone: | _____ | Fax: | _____ |
| Contact: | _____ | Date: | _____ |

OTHER ACCESSORIES & OPTIONS

| | |
|--|-------|
| <input type="checkbox"/> Off Cart Charging Harness ----- | \$60 |
| <input type="checkbox"/> On-Board Charger ----- | \$65 |
| <input type="checkbox"/> Oxygen Cylinder Holder 16889 | \$110 |
| <input type="checkbox"/> Rear View Mirror 12142 | \$30 |
| (Can not be used with Delta Tiller) | |
| <input type="checkbox"/> Saddle Bag 14633 | \$30 |
| <input type="checkbox"/> Tiller Extension 16720 | \$50 |
| <input type="checkbox"/> Thumbrest Extension 11406 | \$30 |
| <input type="checkbox"/> Walking Cane Holder 10705 | \$8 |
| <input type="checkbox"/> Walker/Crutch Holder 16938 | \$130 |

OTHER ACCESSORIES & OPTIONS

| | | |
|--|-------|-------|
| <input type="checkbox"/> Anti-Tips (side) (Std on Espree Atlas) | | \$80 |
| <input type="checkbox"/> Back-up Beeper | 10006 | \$50 |
| <input type="checkbox"/> Basket - Folding | 10701 | \$36 |
| <input type="checkbox"/> Cup Holder | 14635 | \$22 |
| <input type="checkbox"/> Delta Tiller | 17367 | \$50 |
| <input type="checkbox"/> Delta Pull Throttle ----- | | \$50 |
| <input type="checkbox"/> Dual Accessories Mount | 17172 | \$60 |
| <input type="checkbox"/> Flag | 16640 | \$40 |
| <input type="checkbox"/> Front Bag | 14632 | \$50 |
| <input type="checkbox"/> Light Package - Deluxe | 17388 | \$280 |
| (Includes headlight, tail-lights & turn signals) | | |

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 scooter. **Please contact PaceSaver customer service to be sure of correct pricing and part numbers.** This price list supersedes all previous price lists.

Leisure-Lift, Inc.

1800 Merriam Lane • Kansas City, KS 66106

Phone: 800-255-0285 • Fax: 800-862-8782 • Fax: 913-722-2614

Features, prices and specifications subject to change. Call Leisure-Lift®, Inc. for current information. PaceSaver® and Titan® are registered trademarks of Leisure-Lift®, Inc. Espree, Eclipse, Plus III, Passport, Premier, Altima, Scout, Fusion, Fusion 350, Fusion 450, Boss 6, Boss 6NS, Boss 6.75, M1, PBR, RF, RF4, RFP3, RFP4, Com-For-Back, Midi-Drive, Soft-Touch, Magnum and Ultimaare trademarks of Leisure-Lift, Inc. ©2005 Leisure-Lift, Inc. All rights reserved.



Fax this MSRP Order Form

toll free to 800-862-8782

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Plus III Scooters

Page 1 of 2

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|---|---|
| Model | PN MSRP Price |
| <input type="checkbox"/> Plus III Premier 9" ¹ 300 lb. capacity, 1 ¹ / ₄ hp motor, transaxle transmission, 9" tires MIR 12° K0806 | 15067 \$2,695 |
| <input type="checkbox"/> Plus III Premier 10" ¹ 300 lb. capacity, 1 ¹ / ₄ hp motor, transaxle transmission, 10" tires MIR 12° K0806 | 15067 \$2,695 |
| <input type="checkbox"/> Plus III Titan ² 350 lb. capacity, 1 ¹ / ₄ hp motor, heavy-duty transaxle transmission. MIR 12° K0807 | 15063 \$3,099 |
| <input type="checkbox"/> Plus III Atlas ³ 450 lb. capacity, 1 ¹ / ₄ hp motor, heavy-duty transaxle transmission, 21" wide heavy-duty seat std and on-board charger. MIR 10° K0807 | 15083 \$3,295 |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black | |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. <input type="checkbox"/> Left Hand \$50 | |
| 4" STRETCH FRAME (Plus III & Espree models only) | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes Call \$200 | |
| FLAT FREE TIRES | |
| <input type="checkbox"/> All 3 wheeled scooters \$120 | |
| BATTERIES | |
| <input type="checkbox"/> U-1 batteries (2 required) 10703 \$150 ea | |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Power Seat ⁶ | \$850 |
| <input type="checkbox"/> Sliding Seat (Not available on Atlas with Power seat) | \$50 |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| <input type="checkbox"/> Pelvic Strap | \$42 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

Com-For-Back Seat 18" w x 18" deep ¹ Std.

21" Wide Com-For-Back Seat ⁴ (Std on Plus III Atlas) \$150

23" or under Custom" Com-For-Back Seat ^{4,8} \$250

24" Custom Com-For-Back Seat ^{4,8} \$300

Solid Wood Base for Com-For-Back Seat ⁸ (Check one)

16" - 20" w - \$120 21" - 24" w - \$200

Admiral's Seat 18" w x 18" deep ² \$160

Admiral's Seat 21" w x 21" (grey vinyl stocked) ^{4,8} \$330

Admiral's Seat Custom Size ^{4,8} (Max. 24" width) \$598

Solid Wood Base for Admiral Seat ⁸ \$200

Rehab Cane Seating System (frame only) ^{4,5,7,8} \$120

Heavy-Duty Cane Seating System (frame only) ^{4,5,7,8} \$200

Solid Seat Base for Rehab Cane Seating System ⁸ \$140

Rehab Curved Backs 14" - 20" \$240

Rehab Curved Back custom size wider than 20" \$340

Lateral Thoracic Supports (not installed) \$460 pr

(Factory installation requires Mounting Tracks)

Mounting Tracks \$110

ARMRESTS (Check one) see footnotes below

Fixed Arms Std.

Removable Fixed Height Arms \$48

Adjustable/Removable Arms \$90

Heavy-Duty Adjustable/Removable Arms \$110

Longer Arm Pads \$15 ea.

(MUST CHECK ONE)

Your order will NOT be processed unless one of these boxes is checked.

YES I want additional accessories listed on back.

NO I do not want additional accessories list on back.

- PACESAVER SCOOTER FOOTNOTES:**
- 1 - Fixed Arms standard
 - 2 - Removable Fixed Height Arms standard
 - 3 - Heavy-Duty Adjustable/Removable arms standard
 - 4 - Adjustable/Removable Arms standard
 - 5 - Rear mounted accessories are not available with type seat.
 - 6 - Lift of 5" - 6".
 - 7 - Pelvic Strap Required
 - 8 - Custom order form must be filled out- Extra Lead Time.

Account Information

| | | | |
|-------------------|-------|-------|-------|
| Account No.: | _____ | PO#: | _____ |
| Dealer: | _____ | | |
| Address: | _____ | | |
| City, State, Zip: | _____ | | |
| Phone: | _____ | Fax: | _____ |
| Contact: | _____ | Date: | _____ |

OTHER ACCESSORIES & OPTIONS

| | | |
|--|-------|-------|
| <input type="checkbox"/> Light Package - Deluxe | 17388 | \$280 |
| (Includes headlight, tail-lights & turn signals) | | |
| <input type="checkbox"/> Off Cart Charging Harness | ----- | \$60 |
| <input type="checkbox"/> On-Board Charger | ----- | \$65 |
| (Standard on Plus III Atlas) | | |
| <input type="checkbox"/> Oxygen Cylinder Holder | 16889 | \$110 |
| <input type="checkbox"/> Rear View Mirror | 12142 | \$30 |
| (Can not be used with Delta Tiller) | | |
| <input type="checkbox"/> Saddle Bag | 14633 | \$30 |
| <input type="checkbox"/> Tiller Extension | 16720 | \$50 |
| <input type="checkbox"/> Thumbrest Extension | 11406 | \$30 |
| <input type="checkbox"/> Walking Cane Holder | 10705 | \$8 |
| <input type="checkbox"/> Walker/Crutch Holder | 16938 | \$130 |

OTHER ACCESSORIES & OPTIONS

| | | |
|--|-------|------|
| <input type="checkbox"/> Anti-Tips (side) (Std on Plus III Atlas) | | \$80 |
| <input type="checkbox"/> Back-up Beeper | 10006 | \$50 |
| <input type="checkbox"/> Basket - Folding | 10701 | \$36 |
| <input type="checkbox"/> Battery Cover - One Piece | ----- | \$NC |
| (Available on Plus III models only) | | |
| <input type="checkbox"/> Cup Holder | 14635 | \$22 |
| <input type="checkbox"/> Delta Tiller | 17367 | \$50 |
| <input type="checkbox"/> Delta Pull Throttle | ----- | \$50 |
| <input type="checkbox"/> Dual Accessories Mount | 17172 | \$60 |
| <input type="checkbox"/> Flag | 16640 | \$40 |
| <input type="checkbox"/> Front Bag | 14632 | \$50 |

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 scooter. **Please contact PaceSaver customer service to be sure of correct pricing and part numbers.** This price list supersedes all previous price lists.

Leisure-Lift, Inc.

1800 Merriam Lane • Kansas City, KS 66106

Phone: 800-255-0285 • Fax: 800-862-8782 • Fax: 913-722-2614

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|---|---|
| Model | PN MSRP Price |
| <input type="checkbox"/> Eclipse Premier (4 Wheel) ^{1,4} 15072 350 lb. capacity, 1 ¹ / ₄ hp motor, heavy-duty transaxle transmission, on-board charger and delta tiller. K0807 | \$2,995 |
| <input type="checkbox"/> Eclipse Atlas (4 Wheel) ^{2,4} 15073 450 lb. capacity, 1 ¹ / ₄ hp motor, heavy-duty transaxle transmission, 21" wide heavy-duty seat on-board charger and delta tiller. 21" seat std. K0807 | \$3,555 |
| <input type="checkbox"/> Eclipse Atlas 5 ² 15087 500 lb. capacity, Similar to Eclipse Atlas. 21" seat std. MIR 8° K0808 | \$3,655 |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red <input type="checkbox"/> Black |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand \$50 |
| FLAT FREE TIRES | |
| <input type="checkbox"/> All 4 wheeled scooters | \$160 |
| BATTERIES | |
| <input type="checkbox"/> U-1 batteries (2 required) | 10703 \$150 ea |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Power Seat ⁶ | \$850 |
| <input type="checkbox"/> Sliding Seat (Not available on Atlas with Power seat) | \$50 |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| <input type="checkbox"/> Pelvic Strap | \$42 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

| SEATING CHOICES (Check one) | |
|---|--|
| <input type="checkbox"/> Com-For-Back Seat 18" w x 18" deep ¹ | Std. |
| <input type="checkbox"/> 21" Wide Com-For-Back Seat ³ (Std Eclipse Atlas) | \$150 |
| <input type="checkbox"/> 23" or under Custom" Com-For-Back Seat ^{3,8} | \$250 |
| <input type="checkbox"/> 24" Custom Com-For-Back Seat ^{3,8} | \$300 |
| <input type="checkbox"/> Solid Wood Base for Com-For-Back Seat ⁸ (Check one) | |
| <input type="checkbox"/> 16" - 20" w - \$120 | <input type="checkbox"/> 21" - 24" w - \$200 |
| <input type="checkbox"/> Admiral's Seat 18" w x 18" deep ^{1,8} | \$160 |
| <input type="checkbox"/> Admiral's Seat 21" w x 21" (grey vinyl stocked) ^{3,8} | \$330 |
| <input type="checkbox"/> Admiral's Seat Custom Size ^{3,8} (Max. 24" width) | \$598 |
| <input type="checkbox"/> Solid Wood Base for Admiral Seat ⁸ | \$200 |
| <input type="checkbox"/> Rehab Cane Seating System (frame only) ^{3,5,7,8} | \$120 |
| <input type="checkbox"/> Heavy-Duty Cane Seating System (frame only) ^{3,5,7,8} | \$200 |
| <input type="checkbox"/> Solid Seat Base for Rehab Cane Seating System ⁸ | \$140 |
| <input type="checkbox"/> Rehab Curved Backs 14" - 20" | \$240 |
| <input type="checkbox"/> Rehab Curved Back custom size wider than 20" | \$340 |
| <input type="checkbox"/> Lateral Thoracic Supports (not installed) | \$460 pr |
| (Factory installation requires Mounting Tracks) | |
| <input type="checkbox"/> Mounting Tracks | \$110 |

| ARMRESTS (Check one) see footnotes below | |
|---|----------|
| <input type="checkbox"/> Removable Fixed Height Arms | Std |
| <input type="checkbox"/> Adjustable/Removable Arms | \$90 |
| <input type="checkbox"/> Heavy-Duty Adjustable/Removable Arms | \$110 |
| <input type="checkbox"/> Longer Arm Pads | \$15 ea. |

**Additional Accessories and Options on back.
 (MUST CHECK ONE)
 Your order will NOT be processed unless one
 of these boxes is checked.**

YES I want additional accessories listed on back.
 NO I do not want additional accessories list on back.

PACESAVER SCOOTER FOOTNOTES:

- 1 - Removable Fixed Height Arms standard
- 2 - Heavy-Duty Adjustable/Removable arms standard
- 3 - Adjustable/Removable Arms standard
- 4 - Delta Tiller - Standard
- 5 - Rear mounted accessories are not available with type seat.
- 6 - Lift of 5" - 6".
- 7 - Pelvic Strap Required.
- 8 - Custom order form must be filled out- Extra Lead Time.



Effective June 1, 2008

Eclipse Scooters

Page 2 of 2

Fax this MSRP Order Form

toll free to 800-862-8782

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Account Information

| | | | |
|-------------------|-------|-------|-------|
| Account No.: | _____ | PO#: | _____ |
| Dealer: | _____ | | |
| Address: | _____ | | |
| City, State, Zip: | _____ | | |
| Phone: | _____ | Fax: | _____ |
| Contact: | _____ | Date: | _____ |

OTHER ACCESSORIES & OPTIONS

| | | |
|--|-------|-------|
| <input type="checkbox"/> Off Cart Charging Harness ----- | | \$60 |
| <input type="checkbox"/> Oxygen Cylinder Holder | 16889 | \$110 |
| <input type="checkbox"/> Saddle Bag | 14633 | \$30 |
| <input type="checkbox"/> Tiller Extension | 16720 | \$50 |
| <input type="checkbox"/> Thumbrest Extension | 11406 | \$30 |
| <input type="checkbox"/> Walking Cane Holder | 10705 | \$8 |
| <input type="checkbox"/> Walker/Crutch Holder | 16938 | \$130 |

OTHER ACCESSORIES & OPTIONS

| | | |
|---|-------|----------|
| <input type="checkbox"/> Back-up Beeper | 10006 | \$50 |
| <input type="checkbox"/> Basket - Folding | 10701 | \$36 |
| <input type="checkbox"/> Battery Boxes ----- | | \$40 set |
| (Available on Eclipse Premier & Eclipse Atlas only) | | |
| <input type="checkbox"/> Cup Holder | 14635 | \$22 |
| <input type="checkbox"/> Delta Pull Throttle ----- | | \$50 |
| <input type="checkbox"/> Dual Accessories Mount | 17172 | \$60 |
| <input type="checkbox"/> Flag | 16640 | \$40 |
| <input type="checkbox"/> Front Bag | 14632 | \$50 |
| <input type="checkbox"/> Light Package - Deluxe | 17388 | \$280 |
| (Includes headlight, tail-lights & turn signals) | | |

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 scooter. **Please contact PaceSaver customer service to be sure of correct pricing and part numbers.** This price list supersedes all previous price lists.

Leisure-Lift, Inc.

1800 Merriam Lane • Kansas City, KS 66106

Phone: 800-255-0285 • Fax: 800-862-8782 • Fax: 913-722-2614

Features, prices and specifications subject to change. Call Leisure-Lift®, Inc. for current information.
PaceSaver® and Titan® are registered trademarks of Leisure-Lift®, Inc. Espree, Eclipse, Plus III, Passport,
Premier, Altima, Scout, Fusion, Fusion 350, Fusion 450, Boss, Boss 6, Boss 6NS, Boss 6.75, M1, PBR, RF, RF4, RFP3, RFP4,
Com-For-Back, Midi-Drive, Soft-Touch, Magnum and Ultimaare trademarks of Leisure-Lift, Inc.
©2005 Leisure-Lift, Inc. All rights reserved.



Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Scout

Page 1 of 1

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|--|---|
| Model 81121A | MSRP Price |
| <input type="checkbox"/> Scout CC Midi-Drive PWC | \$5,200 |
| 300 lb. weight capacity, 9° MIR, Programmable, K0849 Independent /adjustable suspension. | |
| <input type="checkbox"/> Scout SS Midi-Drive PWC | \$5,400 |
| 300 lb. weight capacity, 9° MIR, Programmable, K0848 Independent /adjustable suspension. | |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| <input type="checkbox"/> Black | |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| TIRES (Check one) | |
| <input type="checkbox"/> Pneumatic | Std. |
| <input type="checkbox"/> Foam Filled - Flat Free | \$160 |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) | \$90 |
| <input type="checkbox"/> Elevating Leg Rests (each) | \$158 |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> Swing Away/Detachable Foot Rests (each) | \$81 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF | \$200 |
| <input type="checkbox"/> Height Adjustable Foot Plate | \$40 |
| <input type="checkbox"/> 3" Longer Foot Plate | \$130 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support | <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double \$360 |
| BATTERIES | |
| <input type="checkbox"/> Group 22 (each - 2 required) | 81129 \$250 |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Power Seat ⁶ | \$970 |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| <input type="checkbox"/> Extra Long Pelvic Strap | \$42 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

| SEATING CHOICES (Check one) | |
|---|-------------|
| <input type="checkbox"/> Com-For-Back Seat 18" w x 18" deep ³ | Std. |
| <input type="checkbox"/> 21" Wide Com-For-Back Seat ³ | \$150 |
| <input type="checkbox"/> 24" Custom Com-For-Back Seat ^{3,4,7} | \$300 |
| <input type="checkbox"/> Size _____ | |
| (Custom order form must be filled out - Extra Lead Time) | |
| <input type="checkbox"/> Solid Wood Base for Com-For-Back Seat ⁷ | \$200 |
| (Custom order form must be filled out - Extra Lead Time) | |
| <input type="checkbox"/> Admiral's Seat Custom Size ^{3,7} (Max. 30" width) | \$598 |
| <input type="checkbox"/> Size _____ | |
| (Custom order form must be filled out - Extra Lead Time) | |
| <input type="checkbox"/> Admiral's 50° Recline (18" x 18") | \$160 |
| <input type="checkbox"/> Admiral's 50° Recline (21" x 21") | \$330 |
| <input type="checkbox"/> Solid Wood Base for Admiral Seat ⁷ | \$200 |
| <input type="checkbox"/> Rehab Cane Seating System (frame only) ^{3,5,7} | \$120 |
| <input type="checkbox"/> Heavy-Duty Cane Seating System (frame only) ^{3,5,7} | \$200 |
| <input type="checkbox"/> Solid Seat Base for Rehab Cane Seating System ⁷ | \$140 |
| <input type="checkbox"/> Rehab Curved Backs 14" - 20" | \$240 |
| <input type="checkbox"/> Rehab Curved Back custom size wider than 20" | \$340 |
| <input type="checkbox"/> Lateral Thoracic Supports (not installed) | \$460 pr |
| (Factory installation requires Mounting Tracks) | |
| <input type="checkbox"/> Mounting Tracks | \$110 |
| ARMRESTS (Check one) see footnotes below | |
| <input type="checkbox"/> Removable Fixed Height Arms | NC |
| <input type="checkbox"/> Adjustable/Removable Arms | Std. |
| <input type="checkbox"/> Heavy-Duty Adjustable/Removable Arms | \$110 |
| <input type="checkbox"/> Longer Arm Pads - 14" | \$15 ea. |
| OTHER ACCESSORIES & OPTIONS | |
| <input type="checkbox"/> Basket - Folding | 81151 \$36 |
| <input type="checkbox"/> Cup Holder | 81163 \$22 |
| <input type="checkbox"/> Dual Accessories Mount | 17172 \$60 |
| <input type="checkbox"/> Flag | 16640 \$40 |
| <input type="checkbox"/> Front Bag | 81166 \$50 |
| <input type="checkbox"/> Oxygen Cylinder Holder | 81776 \$110 |
| <input type="checkbox"/> Saddle Bag | 81165 \$30 |
| <input type="checkbox"/> Walking Cane Holder | 81200 \$8 |
| <input type="checkbox"/> Walker/Crutch Holder | 81789 \$130 |
| PACESAVER POWER CHAIR FOOTNOTES: | |
| 1 - Removable Fixed Height Arms standard | |
| 2 - Heavy-Duty Adjustable/Removable arms standard | |
| 3 - Adjustable/Removable Arms standard | |
| 4 - Longer Pelvic Strap included | |
| 5 - Rear mounted accessories are not available with type seat. | |
| 6 - Lift of 5" - 6". | |
| 7 - Custom order form must be filled out- Extra Lead Time. | |



Fax this **MSRP Order Form**

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

BOSS 4.5

Page 1 of 1

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|--|--|
| Model 82348 | MSRP Price |
| <input type="checkbox"/> Scout BOSS 4.5 CC Midi-Drive PWC | \$7,249 |
| 450 lb. weight capacity, 7° MIR, Programmable. K0824 | |
| <input type="checkbox"/> Scout BOSS 4.5 SS Midi-Drive PWC | \$7,449 |
| 450 lb. weight capacity, 7° MIR, Programmable. K0825 | |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| TIRES (Check one) | |
| <input type="checkbox"/> Foam Filled - Flat Free | \$160 |
| <input type="checkbox"/> Pneumatic | Std. |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) | \$90 |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF | \$200 |
| <input type="checkbox"/> Stanza Powered Anti-tips | \$700 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double \$360 | |
| <input type="checkbox"/> 3" Longer Footplate | \$130 |
| <input type="checkbox"/> Height Adjustable Footplate | \$40 |
| BATTERIES | |
| <input type="checkbox"/> Group 24 (each - 2 required) 81673 | \$300 |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Power Seat ⁴ | \$1148 |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

Admiral's 50° Recline 21" w x 21" ¹ Std.

Admiral's 50° Recline Custom Size ¹(Max. 30" width) \$400

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Admiral Seat \$200

(Custom order form must be filled out - Extra Lead Time)

Custom Com-For-Back Seat ^{1,3} \$300

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Com-For-Back Seat \$250

Size _____

(Custom order form must be filled out - Extra Lead Time)

Heavy-Duty Cane Seating System (frame only) ^{1,3} \$300

Solid Seat Base for Cane Seating System \$200

Rehab Curved Backs (14" - 20") \$240

Rehab Curved Backs (Custom Size) \$340

Lateral Thoracic Supports (Not Installed) \$460pr

(Factory Installation Requires Mounting Tracks)

Mounting Tracks \$110

ARMRESTS (Check one) see footnotes below

Heavy-Duty Adjustable/Removable Arms Std.

Longer Arm Pads - 14" \$15.00 ea

OTHER ACCESSORIES & OPTIONS

| | | |
|---|-------|-------|
| <input type="checkbox"/> Basket - Folding | 81151 | \$36 |
| <input type="checkbox"/> Cup Holder | 81163 | \$22 |
| <input type="checkbox"/> Dual Accessories Mount | 17172 | \$60 |
| <input type="checkbox"/> Flag | 16640 | \$40 |
| <input type="checkbox"/> Front Bag | 81166 | \$50 |
| <input type="checkbox"/> Oxygen Cylinder Holder | 81776 | \$110 |
| <input type="checkbox"/> Saddle Bag | 81165 | \$30 |
| <input type="checkbox"/> Walking Cane Holder | 81200 | \$8 |
| <input type="checkbox"/> Walker/Crutch Holder | 81789 | \$130 |

PACESAVER POWER CHAIR FOOTNOTES:

1 - Heavy-Duty Adjustable/Removable arms standard

2 - Longer Pelvic Strap included

3 - Rear mounted accessories are not available with type seat.

4 - Lift of 5" - 6".



Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

BOSS 6

Page 1 of 1

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|--|--|
| Model 82628 | MSRP Price |
| <input type="checkbox"/> Scout Boss 6 CC PWC | \$12,000 |
| 600 lb. weight capacity, Midi Drive, 7° MIR, Programmable, Heavy duty spring suspension, K0853 | |
| <input type="checkbox"/> Scout Boss 6 SS PWC | \$12,200 |
| 600 lb. weight capacity, Midi Drive, 7° MIR, Programmable, Heavy duty spring suspension, K0852 | |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| <input type="checkbox"/> Black | |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| TIRES (Check one) | |
| <input type="checkbox"/> Pneumatic | NC |
| <input type="checkbox"/> Flat Free | Std. |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) | \$90 |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF | \$200 |
| <input type="checkbox"/> Height Adjustable Foot Plate | \$40 |
| <input type="checkbox"/> 3" Longer Foot Plate | \$130 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double | \$360 |
| <input type="checkbox"/> Stanza Powered Anti-Tips | \$700 |
| BATTERIES | |
| <input type="checkbox"/> Group 24 (each - 2 required) 81673 | \$300 |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

Com-For-Back Seat 24" w x 21" deep ¹ Std.

Custom Com-For-Back Seat ^{3, 4, 7} \$300

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Com-For-Back Seat⁷ \$140

(Custom order form must be filled out - Extra Lead Time)

Admiral's Seat Custom Size ^{3, 7}(Max. 30" width) \$598

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Admiral Seat⁷ \$200

Heavy-Duty Cane Seating System (frame only) ^{3, 5, 7} \$200

Solid Seat Base for Rehab Cane Seating System⁷ \$140

Rehab Curved Back custom size _____ \$340

Lateral Thoracic Supports (not installed) \$460 pr

(Factory installation requires Mounting Tracks)

Mounting Tracks \$110

ARMRESTS (Check one) see footnotes below

Heavy-Duty Adjustable/Removable Arms Std.

Longer Arm Pads - 14" Std.

Molded Arm Pads NC

OTHER ACCESSORIES & OPTIONS

Basket - Folding 81151 \$36

Cup Holder 81163 \$22

Dual Accessories Mount 17172 \$60

Flag 16640 \$40

Front Bag 81166 \$50

Oxygen Cylinder Holder 81776 \$110

Saddle Bag 81165 \$30

Walking Cane Holder 81200 \$8

Walker/Crutch Holder 81789 \$130

PACESAVER POWER CHAIR FOOTNOTES:

1 - Removable Fixed Height Arms standard

2 - Heavy-Duty Adjustable/Removable arms standard

3 - Adjustable/Removable Arms standard

4 - Longer Pelvic Strap included

5 - Rear mounted accessories are not available with type seat.

7 - Custom order form must be filled out- Extra Lead Time.



Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

BOSS 6NS

Page 1 of 1

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|--|---|
| Model 82250 | MSRP Price |
| <input type="checkbox"/> Scout Boss 6 NS/CC PWC | \$7,500 |
| 600 lb. weight capacity, Midi Drive, 7° MIR, Programmable. 1 piece frame without suspension. K0827 | |
| <input type="checkbox"/> Scout Boss 6 NS/SS PWC | \$7,700 |
| 600 lb. weight capacity, Midi Drive, 7° MIR, Programmable. 1 piece frame without suspension. K0826 | |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black | |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| TIRES (Check one) | |
| <input type="checkbox"/> Pneumatic | NC |
| <input type="checkbox"/> Flat Free | Std. |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) | \$90 |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF | \$200 |
| <input type="checkbox"/> Height Adjustable Foot Plate | \$40 |
| <input type="checkbox"/> 3" Longer Foot Plate | \$130 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double | \$360 |
| <input type="checkbox"/> Stanza Powered Anti-Tips | \$700 |
| BATTERIES | |
| <input type="checkbox"/> Group 24 (each - 2 required) 81673 | \$300 |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

Com-For-Back Seat 24" w x 21" deep ¹ Std

Custom Com-For-Back Seat ^{3,4,7} \$300

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Com-For-Back Seat⁷ \$140

(Custom order form must be filled out - Extra Lead Time)

Admiral's Seat Custom Size ^{3,7}(Max. 30" width) \$598

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Admiral Seat⁷ \$200

Heavy-Duty Cane Seating System (frame only) ^{3,5,7} \$200

Solid Seat Base for Rehab Cane Seating System⁷ \$140

Rehab Curved Back custom size _____ \$340

Lateral Thoracic Supports (not installed) \$460 pr

(Factory installation requires Mounting Tracks)

Mounting Tracks \$110

ARMRESTS (Check one) see footnotes below

Heavy-Duty Adjustable/Removable Arms Std.

Longer Arm Pads - 14" Std.

Molded Arm Pads NC

OTHER ACCESSORIES & OPTIONS

Basket - Folding 81151 \$36

Cup Holder 81163 \$22

Dual Accessories Mount 17172 \$60

Flag 16640 \$40

Front Bag 81166 \$50

Oxygen Cylinder Holder 81776 \$110

Saddle Bag 81165 \$30

Walking Cane Holder 81200 \$8

Walker/Crutch Holder 81789 \$130

PACESAVER POWER CHAIR FOOTNOTES:

1 - Removable Fixed Height Arms standard

2 - Heavy-Duty Adjustable/Removable arms standard

3 - Adjustable/Removable Arms standard

4 - Longer Pelvic Strap included

5 - Rear mounted accessories are not available with type seat.

7 - Custom order form must be filled out- Extra Lead Time.



Fax this MSRP Order Form

toll free to 800-862-8782

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

BOSS 6.75

Page 1 of 1

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|--|---|
| Model 82062 | MSRP Price |
| <input type="checkbox"/> Scout Boss 6.75 CC PWC | \$12,500 |
| 675 lb. weight capacity, Midi Drive, 7° MIR, Programmable, Heavy duty spring suspension frame. K0855 | |
| <input type="checkbox"/> Scout Boss 6.75 SS PWC | \$12,700 |
| 675 lb. weight capacity, Midi Drive, 7° MIR, Programmable, Heavy duty spring suspension frame. K0854 | |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black | |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| TIRES (Check one) | |
| <input type="checkbox"/> Pneumatic | NC |
| <input type="checkbox"/> Flat Free | Std. |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) | \$90 |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF | \$200 |
| <input type="checkbox"/> Height Adjustable Foot Plate | \$40 |
| <input type="checkbox"/> 3" Longer Foot Plate | \$130 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double | \$360 |
| <input type="checkbox"/> Stanza Powered Anti-Tips | \$700 |
| BATTERIES | |
| <input type="checkbox"/> Group 24 (each - 2 required) 81129 | \$300 |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Power Seat ⁶ | \$970 |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

Com-For-Back Seat 24" w x 21" deep ¹ Std.

Custom Com-For-Back Seat ^{3, 4, 7} \$300

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Com-For-Back Seat⁷ \$140

(Custom order form must be filled out - Extra Lead Time)

Admiral's Seat Custom Size ^{3, 7}(Max. 30" width) \$598

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Admiral Seat⁷ \$200

Heavy-Duty Cane Seating System (frame only) ^{3, 5, 7} \$200

Solid Seat Base for Rehab Cane Seating System⁷ \$140

Rehab Curved Back custom size _____ \$340

Lateral Thoracic Supports (not installed) \$460 pr

(Factory installation requires Mounting Tracks)

Mounting Tracks \$110

ARMRESTS (Check one) see footnotes below

Heavy-Duty Adjustable/Removable Arms Std.

Longer Arm Pads - 14" Std.

Molded Arm Pads NC

OTHER ACCESSORIES & OPTIONS

Basket - Folding 81151 \$36

Cup Holder 81163 \$22

Dual Accessories Mount 17172 \$60

Flag 16640 \$40

Front Bag 81166 \$50

Oxygen Cylinder Holder 81776 \$110

Saddle Bag 81165 \$30

Walking Cane Holder 81200 \$8

Walker/Crutch Holder 81789 \$130

PACESAVER POWER CHAIR FOOTNOTES:

1 - Removable Fixed Height Arms standard

2 - Heavy-Duty Adjustable/Removable arms standard

3 - Adjustable/Removable Arms standard

4 - Longer Pelvic Strap included

5 - Rear mounted accessories are not available with type seat.

7 - Custom order form must be filled out- Extra Lead Time.



Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Effective June 1, 2008

RF

Page 1 of 1

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|---|---|
| Model 81113A | MSRP Price |
| <input type="checkbox"/> Scout RF CC Midi-Drive PWC \$5,100 300 lb. weight capacity, 9° MIR, Programmable, non suspension. K0823 | |
| <input type="checkbox"/> Scout RF SS Midi-Drive PWC \$5,300 300 lb. weight capacity, 9° MIR, Programmable, non suspension. K0822 | |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| | <input type="checkbox"/> Black |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| TIRES (Check one) | |
| <input type="checkbox"/> Pneumatic | Std. |
| <input type="checkbox"/> Flat Free | \$160 |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) | \$90 |
| <input type="checkbox"/> Elevating Leg Rests (each) | \$158 |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> Swing Away/Detachable Foot Rests (each) | \$81 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF | \$200 |
| <input type="checkbox"/> Height Adjustable Foot Plate | \$40 |
| <input type="checkbox"/> 3" Longer Foot Plate | \$130 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support | <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double \$360 |
| BATTERIES | |
| <input type="checkbox"/> Group 22 (each - 2 required) | 81129 \$250 |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Power Seat ⁶ | \$970 |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| <input type="checkbox"/> Extra Long Pelvic Strap | \$42 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

Com-For-Back Seat 18" w x 18" deep ¹ Std.

Custom Com-For-Back Seat ^{3, 4, 7} (Max 24" Width) \$300

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Com-For-Back Seat⁷ \$140

(Custom order form must be filled out - Extra Lead Time)

Admiral's Seat Custom Size ^{3, 7} (Max. 24" width) \$598

Size _____

(Custom order form must be filled out - Extra Lead Time)

Admiral's 50° Recline (18" x 18") \$160

Admiral's 50° Recline (21" x 21") \$330

Solid Wood Base for Admiral Seat⁷ \$200

Rehab Cane Seating System (frame only)^{3, 5, 7} \$120

Heavy-Duty Cane Seating System (frame only)^{3, 5, 7} \$200

Solid Seat Base for Rehab Cane Seating System⁷ \$140

Rehab Curved Backs 14" - 20" \$240

Rehab Curved Back custom size wider than 20" \$340

Lateral Thoracic Supports (not installed) \$460 pr

(Factory installation requires Mounting Tracks)

Mounting Tracks \$110

ARMRESTS (Check one) see footnotes below

Removable Fixed Height Arms Std.

Adjustable/Removable Arms \$90

Heavy-Duty Adjustable/Removable Arms \$110

Longer Arm Pads \$15 ea.

OTHER ACCESSORIES & OPTIONS

Basket - Folding 81151 \$36

Cup Holder 81163 \$22

Dual Accessories Mount 17172 \$60

Flag 16640 \$40

Front Bag 81166 \$50

Oxygen Cylinder Holder 81776 \$110

Saddle Bag 81165 \$30

Walking Cane Holder 81200 \$8

Walker/Crutch Holder 81789 \$130

PACESAVER POWER CHAIR FOOTNOTES:

1 - Removable Fixed Height Arms standard

2 - Heavy-Duty Adjustable/Removable arms standard

3 - Adjustable/Removable Arms standard

4 - Longer Pelvic Strap included

5 - Rear mounted accessories are not available with type seat.

6 - Lift of 5" - 6".

7 - Custom order form must be filled out- Extra Lead Time.



Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

RF-P3

Page 1 of 1

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|--|--|
| Model 82554 | Dealer Price |
| <input type="checkbox"/> Scout RF-P3 CC Midi-Drive PWC | \$6,500 |
| 300 lb. weight capacity, 9° MIR, Programmable. K0869 | |
| <input type="checkbox"/> Scout RF-P3 SS Midi-Drive PWC | \$6,700 |
| 300 lb. weight capacity, 9° MIR, Programmable. K0868 | |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| <input type="checkbox"/> Black | |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| TIRES (Check one) | |
| <input type="checkbox"/> Flat Free | 160. |
| <input type="checkbox"/> Pneumatic | Std. |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) \$90 | |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF | \$200 |
| <input type="checkbox"/> Stanza Powered Anti-tips | \$700 |
| <input type="checkbox"/> 3" Longer Foot Plate | \$130 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double \$360 | |
| BATTERIES | |
| <input type="checkbox"/> Group 22 (each - 2 required) | 81673 \$250 |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

Admiral's 50° Recline 18" w x 18" ¹ Std.

Admiral's 50° Recline Custom Size ¹ (Max. 26" width) \$400

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Admiral Seat \$200

(Custom order form must be filled out - Extra Lead Time)

Custom Com-For-Back Seat ^{1,2} (Max. 26" width) \$300

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Com-For-Back Seat \$250

(Custom order form must be filled out - Extra Lead Time)

Heavy-Duty Cane Seating System (frame only) ¹ \$300

Cane Seating \$120

Solid Seat Base for Cane Seating System \$200

ARMRESTS (Check one) see footnotes below

Heavy-Duty Removable Arms Std.

Heavy-Duty Adjustable/Removable Arms \$110.

Longer Arm Pads - 14" \$15. ea.

Molded Arm Pads NC

OTHER ACCESSORIES & OPTIONS

Basket - Folding 81151 \$36

Cup Holder 81163 \$22

Flag 16640 \$40

Front Bag 81166 \$50

Oxygen Cylinder Holder 81776 \$110

Saddle Bag 81165 \$30

Walking Cane Holder 81200 \$8

Walker/Crutch Holder 81789 \$130

Dual Accessories Mount 17172 \$60

PACESAVER POWER CHAIR FOOTNOTES:

1 - Heavy-Duty Removable arms standard

2 - Longer Pelvic Strap included



Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

RF-P4

Page 1 of 1

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|--|---|
| Model 82491 | Dealer Price |
| <input type="checkbox"/> Scout RF-P4 CC Midi-Drive PWC \$6,500 450 lb. weight capacity, 9° MIR, Programmable. K0825 | |
| <input type="checkbox"/> Scout RF-P4 SS Midi-Drive PWC \$6,700 450 lb. weight capacity, 9° MIR, Programmable. K0824 | |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| | <input type="checkbox"/> Black |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| TIRES (Check one) | |
| <input type="checkbox"/> Flat Free | 160. |
| <input type="checkbox"/> Pneumatic | Std. |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) \$90 | |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF | \$200 |
| <input type="checkbox"/> Stanza Powered Anti-tips | \$700 |
| <input type="checkbox"/> 3" Longer Foot Plate | \$130 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support | <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double \$360 |
| BATTERIES | |
| <input type="checkbox"/> Group 22 (each - 2 required) | 81673 \$250 |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

Admiral's 50° Recline 18" w x 18" ¹ Std.

Admiral's 50° Recline Custom Size ¹ (Max. 26" width) \$400
 Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Admiral Seat \$200
 (Custom order form must be filled out - Extra Lead Time)

Custom Com-For-Back Seat ^{1,2} (Max. 26" width) \$300
 Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Com-For-Back Seat \$250
 (Custom order form must be filled out - Extra Lead Time)

Heavy-Duty Cane Seating System (frame only) ¹ \$300

Cane Seating \$120

Solid Seat Base for Cane Seating System \$200

ARMRESTS (Check one) see footnotes below

Heavy-Duty Removable Arms Std.

Heavy-Duty Adjustable/Removable Arms \$110.

Longer Arm Pads - 14" \$15. ea.

Molded Arm Pads NC

OTHER ACCESSORIES & OPTIONS

| | | |
|---|-------|-------|
| <input type="checkbox"/> Basket - Folding | 81151 | \$36 |
| <input type="checkbox"/> Cup Holder | 81163 | \$22 |
| <input type="checkbox"/> Flag | 16640 | \$40 |
| <input type="checkbox"/> Front Bag | 81166 | \$50 |
| <input type="checkbox"/> Oxygen Cylinder Holder | 81776 | \$110 |
| <input type="checkbox"/> Saddle Bag | 81165 | \$30 |
| <input type="checkbox"/> Walking Cane Holder | 81200 | \$8 |
| <input type="checkbox"/> Walker/Crutch Holder | 81789 | \$130 |
| <input type="checkbox"/> Dual Accessories Mount | 17172 | \$60 |

PACESAVER POWER CHAIR FOOTNOTES:

1 - Heavy-Duty Removable arms standard

2 - Longer Pelvic Strap included



Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|---|---|
| Model 81122 | MSRP Price |
| <input type="checkbox"/> Scout RF4 CC Midi-Drive PWC 425 lb. weight capacity, 7° MIR, Programmable K0825 | \$6,995 |
| <input type="checkbox"/> Scout RF4 SS Midi-Drive PWC 425 lb. weight capacity, 7° MIR, K0014, Programmable K0824 | \$7,195 |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| | <input type="checkbox"/> Black |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| TIRES (Check one) | |
| <input type="checkbox"/> Pneumatic | Std. |
| <input type="checkbox"/> Flat Free | \$160 |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) | \$90 |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF | \$200 |
| <input type="checkbox"/> Height Adjustable Foot Plate | \$40 |
| <input type="checkbox"/> 3" Longer Foot Plate | \$130 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support | <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double \$360 |
| BATTERIES | |
| <input type="checkbox"/> Group 24 (each - 2 required) | 81673 \$300. |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Power Seat ⁵ | \$970 |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| <input type="checkbox"/> Extra Long Pelvic Strap | \$42 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

21" Wide Com-For-Back Seat ¹ Std.

Custom Com-For-Back Seat ^{1,3,6} (Max. 24" width) \$300

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Com-For-Back Seat⁶ \$200

(Custom order form must be filled out - Extra Lead Time)

Admiral's Seat Custom Size ^{1,6} (Max. 24" width) \$598

Size _____

(Custom order form must be filled out - Extra Lead Time)

Admiral's 50° Recline (21" x 21") \$330

Solid Wood Base for Admiral Seat⁶ \$200

Heavy-Duty Cane Seating System(frame only) ^{1,4,6} \$200

Solid Seat Base for Rehab Cane Seating System⁶ \$140

Rehab Curved Backs 14" - 20" \$240

Rehab Curved Back custom size wider than 20" \$340

Lateral Thoracic Supports (not installed) \$460 pr

(Factory installation requires Mounting Tracks)

Mounting Tracks \$110

ARMRESTS (Check one) see footnotes below

Heavy-Duty Adjustable/Removable Arms Std.

Heavy-Duty Removable Fixed Ht Arms NC

Longer Arm Pads -14" \$15 ea.

OTHER ACCESSORIES & OPTIONS

Basket - Folding 81151 \$36

Cup Holder 81163 \$22

Dual Accessories Mount 17172 \$60

Flag 16640 \$40

Front Bag 81166 \$50

Oxygen Cylinder Holder 81776 \$110

Saddle Bag 81165 \$30

Walking Cane Holder 81200 \$8

Walker/Crutch Holder 81789 \$130

PACESAVER POWER CHAIR FOOTNOTES:

1 - Heavy-Duty Adjustable/Removable arms standard

2 - Heavy-Duty Removable Fixed Height Arms standard

3 - Longer Pelvic Strap included

4 - Rear mounted accessories are not available with type seat.

5 - Lift of 5" - 6".

6 - Custom order form must be filled out- Extra Lead Time.



Fax this MSRP Order Form

toll free to 800-862-8782

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

M1-PBR

Page 1 of 1

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|--|---|
| Model 81445 | MSRP Price |
| <input type="checkbox"/> Scout M1 CC - PBR Convertible | \$5,050 |
| 300 lb. weight capacity, 8° MIR, Programmable, K0823 | |
| <input type="checkbox"/> Scout M1 SS - PBR Convertible | \$5,250 |
| 300 lb. weight capacity, 8° MIR, Programmable, K0822 | |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| <input type="checkbox"/> Black | |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| DRIVE (Check one) | |
| <input type="checkbox"/> Rear Wheel Drive Std. | <input type="checkbox"/> Front Wheel Drive NC |
| TIRES (Check one) | |
| <input type="checkbox"/> Pneumatic | Std. |
| <input type="checkbox"/> Flat Free (Std on M1-350) | \$160 |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) | \$90 |
| <input type="checkbox"/> Elevating Leg Rests (each) | \$158 |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> Swing Away/Detachable Foot Rests (each) | \$81 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF/Dual | \$200 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double | \$360 |
| <input type="checkbox"/> Height Adjustable Footplate | \$40 |
| <input type="checkbox"/> 3" Longer Footplate | \$130 |
| BATTERIES | |
| <input type="checkbox"/> U1 Gell Cell (each - 2 required) | 80051 \$150 |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Power Seat ⁶ | \$970 |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| <input type="checkbox"/> Extra Long Pelvic Strap | \$42 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

18" x 18" Wide Com-For-Back Seat ¹ Std.

Custom Com-For-Back Seat ^{1,3,6} (Max. 24" width) \$300

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Com-For-Back Seat⁶ \$200

(Custom order form must be filled out - Extra Lead Time)

Admiral's 50° Recline (18" x 18") ¹ \$160

Admiral's 50° Recline (21" x 21") ⁴ \$330

Admiral's Seat Custom Size ^{1,6} (Max. 24" width) \$598

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Admiral Seat⁶ \$200

Heavy-Duty Cane Seating System(frame only) ^{1,4,6} \$200

Solid Seat Base for Rehab Cane Seating System⁶ \$140

Rehab Curved Backs 14" - 20" \$240

Rehab Curved Back custom size wider than 20" \$340

Lateral Thoracic Supports (not installed) \$460 pr

(Factory installation requires Mounting Tracks)

Mounting Tracks \$110

ARMRESTS (Check one) see footnotes below

Removable Fixed Height Arms Std

Adjustable/Removable Arms \$90

Heavy-Duty Adjustable/Removable Arms \$110

Longer Arm Pads - 14" \$15 ea.

OTHER ACCESSORIES & OPTIONS

Basket - Folding 81151 \$36

Cup Holder 81163 \$22

Dual Accessories Mount 17172 \$60

Flag 16640 \$40

Front Bag 81166 \$50

Oxygen Cylinder Holder 81776 \$110

Saddle Bag 81165 \$30

Walking Cane Holder 81200 \$8

Walker/Crutch Holder 81789 \$130

On-Board Charger 82281 \$30

PACESAVER POWER CHAIR FOOTNOTES:

1 - Removable Fixed Height Arms standard

2 - Heavy-Duty Adjustable/Removable arms standard

3 - Adjustable/Removable Arms standard

4 - Longer Pelvic Strap included

5 - Rear mounted accessories are not available with type seat.

6 - Lift of 5" - 6".

7 - Custom order form must be filled out- Extra Lead Time.



Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

M1-350

Page 1 of 1

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

| Quantity _____ | Total \$ _____ |
|--|---|
| Model 81855 | MSRP Price |
| <input type="checkbox"/> Scout M1 CC - PBR Convertible | \$5,350 |
| 350 lb. weight capacity, 6° MIR, Programmable, K0825 | |
| <input type="checkbox"/> Scout M1 SS - PBR Convertible | \$5,550 |
| 350 lb. weight capacity, 6° MIR, Programmable, K0824 | |
| COLOR - MIRROR GLAZE™ (Check one) | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| <input type="checkbox"/> Black | |
| CONTROLLER (Check one) | |
| <input type="checkbox"/> Right Hand Std. | <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Retractable \$199 | <input type="checkbox"/> Attendant \$600 |
| DRIVE (Check one) | |
| <input type="checkbox"/> Rear Wheel Drive Std. | <input type="checkbox"/> Front Wheel Drive NC |
| TIRES (Check one) | |
| <input type="checkbox"/> Pneumatic | NC |
| <input type="checkbox"/> Flat Free | Std. |
| LEG RIGGINGS | |
| <input type="checkbox"/> Bracket for mounting ELR/SWF (required) | \$90 |
| <input type="checkbox"/> Elevating Leg Rests (each) | \$158 |
| <input type="checkbox"/> Heavy-Duty Elevating Leg Rests (each) | \$210 |
| <input type="checkbox"/> Elevating Leg Rest Buttons (Pair) | \$80 |
| <input type="checkbox"/> Swing Away/Detachable Foot Rests (each) | \$81 |
| <input type="checkbox"/> HD Swing Away/Detachable Foot Rests (each) | \$120 |
| <input type="checkbox"/> Foot Plate when ordered with ELR/SWF/Dual | \$200 |
| <input type="checkbox"/> Heel Straps (each) | \$25 |
| <input type="checkbox"/> Amputee Support <input type="checkbox"/> Single \$200 <input type="checkbox"/> Double \$360 | |
| <input type="checkbox"/> Height Adjustable Footplate | \$40 |
| <input type="checkbox"/> 3" Longer Footplate | \$130 |
| BATTERIES | |
| <input type="checkbox"/> U1 Gell Cell (each - 2 required) 80051 | \$150 |
| SEATING ACCESSORIES | |
| <input type="checkbox"/> Power Seat ⁶ | \$970 |
| <input type="checkbox"/> Adjustable Headrest (Specify Color _____) | \$60 |
| <input type="checkbox"/> Extra Long Pelvic Strap | \$42 |
| FABRIC CHOICES (Check one) | |
| <input type="checkbox"/> Black Velvet | <input type="checkbox"/> Gray Vinyl |
| <input type="checkbox"/> Gray Velvet | <input type="checkbox"/> Charcoal Vinyl |

SEATING CHOICES (Check one)

18" Wide Com-For-Back Seat ¹ Std.

Custom Com-For-Back Seat ^{1,3,6} (Max. 26" width) \$300

Size _____

(Custom order form must be filled out - Extra Lead Time)

Solid Wood Base for Com-For-Back Seat⁶ \$200

(Custom order form must be filled out - Extra Lead Time)

Admiral's Seat Custom Size ^{1,6} (Max. 34" width) \$598

Size _____

(Custom order form must be filled out - Extra Lead Time)

Admiral's 50° Recline (18" x 18") \$160

Admiral's 50° Recline (21" x 21") \$330

Solid Wood Base for Admiral Seat⁶ \$200

Heavy-Duty Cane Seating System(frame only) ^{1,4,6} \$200

Solid Seat Base for Rehab Cane Seating System⁶ \$140

Rehab Curved Backs 14" - 20" \$240

Rehab Curved Back custom size wider than 20" \$340

Lateral Thoracic Supports (not installed) \$460 pr

(Factory installation requires Mounting Tracks)

Mounting Tracks \$110

ARMRESTS (Check one) see footnotes below

Removable Fixed Height Arms Std

Adjustable/Removable Arms \$90

Heavy-Duty Adjustable/Removable Arms \$110

Longer Arm Pads - 14" \$15 ea.

OTHER ACCESSORIES & OPTIONS

Basket - Folding 81151 \$36

Cup Holder 81163 \$22

Dual Accessories Mount 17172 \$60

Flag 16640 \$40

Front Bag 81166 \$50

Oxygen Cylinder Holder 81776 \$110

Saddle Bag 81165 \$30

Walking Cane Holder 81200 \$8

Walker/Crutch Holder 81789 \$130

On-Board Charger 82281 \$30

PACESAVER POWER CHAIR FOOTNOTES:

1 - Removable Fixed Height Arms standard

2 - Heavy-Duty Adjustable/Removable arms standard

3 - Adjustable/Removable Arms standard

4 - Longer Pelvic Strap included

5 - Rear mounted accessories are not available with type seat.

6 - Lift of 5" - 6".

7 - Custom order form must be filled out - Extra Lead Time.

MAGNUM

Page 1 of 1

Effective June 1, 2008

Account Information

| | |
|-------------------|-------|
| Account No.: | PO#: |
| Dealer: | |
| Address: | |
| City, State, Zip: | |
| Phone: | Fax: |
| Contact: | Date: |

| |
|-------------------|
| Ship to: |
| Address: |
| City, State, Zip: |
| Phone: |
| Tag for: |

| Quantity _____ | Total \$ _____ |
|---|----------------|
| Model | MSRP Price |
| <input type="checkbox"/> Magnum Lift (Trunk) | \$999 |
| Easy Glide . . . Shielded radial ball bearings for finger tip rotation (2 lb. push force loaded) Large diameter post for maximum rigidity. 300 lb. capacity, heavy-duty motor. No maintenance sealed gear drive (no chain or belts to adjust). Use in cars, pick-ups, vans and SUVs with: 3 way boom adjustment, length adjustment 30" to 44", angle adjustment 0 to 45 degrees, height adjustment 17" to 21" . Boom swivels easily, locks for transport, can be easily removed, and folds for easy transport. Remote hand pendant is standard. | |
| <input type="checkbox"/> Magnum Lift (5.5" Taller) | \$1,019 |
| Same features of the Standard Magnum, but with an additional 5.5" to the main post height. | |
| <input type="checkbox"/> Magnum Lift (+ 11.5") | \$1,024 |
| Same features of the Standard Magnum, but with an additional 11.5" to the main post height for Van deep well rear seats. Honda, Chrysler, etc. | |
| <input type="checkbox"/> Additional Base & Wiring | \$160 |
| Allows installation in a second vehicle | |
| <input type="checkbox"/> Additional Base & Wiring (5.5" Taller) | \$170 |
| Same as above, with an extra 5.5" base tube | |
| <input type="checkbox"/> Additional Base & Wiring (11.5" Taller) | \$180 |
| Same as above, with an extra 5.5" base tube | |
| <input type="checkbox"/> Offset Swivel Post | \$320 |
| Allows 4.75" of offset swivel in any direction. Use in Vans & SUV's with stowable seating. | |

| Options | MSRP Price |
|--|--------------|
| <input type="checkbox"/> Basic Docking Device | \$40 |
| <i>Designed to fit PaceSaver products (and other units with 1.5" seat posts) Easily removes from the scooter (no need to cut plastic on some models)</i> | |
| <input type="checkbox"/> Fusion Docking Device (Fusion Only) | \$60 |
| <input type="checkbox"/> Universal Docking Device | \$60 |
| <i>(for units other than PaceSavers) Designed to "clamp-on" to all seatpost sizes from 1.5" to 1.75". Requires plastic cutout on some models.</i> | |
| <input type="checkbox"/> Power Seat Docking Device | \$60 |
| <i>Designed to fit Pacesaver's units with power seats (and other power seats with a 2" square actuator) Requires plastic cutout on some models.</i> | |
| <input type="checkbox"/> Adjustable C-Arm | \$180 |
| <i>Used to lift scooters or wheelchairs while standard seat is still attached. Used with choice of Docking Device above.</i> | |
| <input type="checkbox"/> Fusion C -Arm (Fusion Only) | \$180 |
| <input type="checkbox"/> Adjustable Large C-Arm (Power Chair) | \$160 |
| <i>Used to lift the entire unit from the base with seat on. Works on all PaceSaver wheelchairs and other units with 1.25" center tubes in frame.</i> | |
| COMMENTS: _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |



EQUALIZER

M1 HD Tilt Base

Page 1 of 2

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

Power Base Information

| | |
|--|---|
| <input type="checkbox"/> Scout M1 Power Base-82338 \$5,295 250 lb. weight capacity, FWD, 10" Flat Free Tires, 8° MIR, Programmable, Removable/Height & Angle Adjustable Arms. | CONTROLLER (Check one) <input type="checkbox"/> Right Hand Standard <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Power Seat \$1148 | CONTROLLER OPTIONS (Check one) <input type="checkbox"/> Non-Integrated (1 Function) Standard <input type="checkbox"/> Integrated (2 Functions) NC <input type="checkbox"/> Non-Integrated (2 Functions) \$100 <input type="checkbox"/> Retractable \$199 <input type="checkbox"/> Attendant \$600 <input type="checkbox"/> Rear Mounted Joystick \$100 |
| COLOR - MIRROR GLAZE™ (Check one) <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black | |

Equalizer Tilt Information

| | |
|--|---|
| <input type="checkbox"/> EQUALIZER TILT SYSTEM - E1002 \$4,300 FRAME WIDTH (outside to outside of frame tubes) (Check One) Width <input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20" <input type="checkbox"/> 22" Standard Custom Size _____ (No wider than 22") \$150 1' Round tubes are standard - Adjustable position. Standard Lap Restraint NC Seat back board is 2" narrower than frame width. FRAME DEPTH <input type="checkbox"/> Depth 14" - 17.5" (specify size _____) Standard <input type="checkbox"/> Depth Extension (Can not be used with ELR's or Swing-Aways) \$120 SEAT PAN <input type="checkbox"/> Solid seat pan included is 1/4" ABS 24" x 24" Standard <input type="checkbox"/> Custom Size _____ NC BACK TYPE Curved back -18" height x <input type="checkbox"/> 14" <input type="checkbox"/> 16" <input type="checkbox"/> 18" Standard <input type="checkbox"/> 20" \$100 <input type="checkbox"/> Omit back \$<70> <input type="checkbox"/> Custom height (specify size) \$200 <input type="checkbox"/> Curved - \$150 (_____) <input type="checkbox"/> Flat - \$200 (_____) <input type="checkbox"/> Hardware Mounting Tracks \$110 Seat back board is 2" narrower than frame width. SEAT TO FLOOR (+/- .5" measured from top of seat to floor excluding 3 degree pre-tilt) _____ | BACK HEIGHT (above solid pan) <input type="checkbox"/> Back Height 19" - 24.5" _____ Standard <input type="checkbox"/> Custom Cane Size _____ \$200 (Top of seat pan to top of back _____) <input type="checkbox"/> 1" Square back canes \$40 ARMPAD TYPE (Choose One) <input type="checkbox"/> 11" upholstered w/flat top NC Pair <input type="checkbox"/> 14" upholstered w/flat top NC Pair <input type="checkbox"/> 11"/14" upholstered w/flat top NC Pair SEAT CUSHION TYPE <input type="checkbox"/> General Purpose (non-coded) seat cushion <input type="checkbox"/> Up to 20" wide \$120 <input type="checkbox"/> Wider than 20" \$160 <input type="checkbox"/> None <input type="checkbox"/> Admiral's Seat Kit (required with Admiral seat) Call <input type="checkbox"/> Admiral's Seat 18" w x 18" deep Call <input type="checkbox"/> Admiral's Seat 21" w x 21" (grey vinyl stocked) Call (Custom order form must be filled out - Extra Lead Time) <input type="checkbox"/> Admiral's Seat Custom Size Call (Custom order form must be filled out - Extra Lead Time) PRE-TILT SPACERS <input type="checkbox"/> 0° <input type="checkbox"/> 3° <input type="checkbox"/> 6° |
|--|---|



EQUALIZER

M1 HD Tilt Base

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Effective June 1, 2008

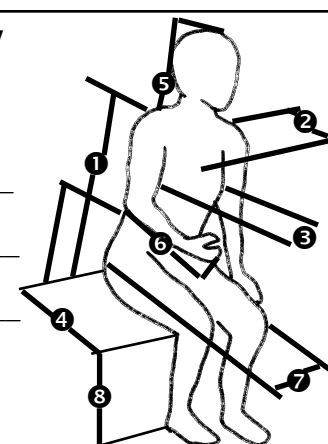
Page 2 of 2

Account Information

| | | | |
|-------------------|----------|--------|------|
| Account No.: | PO#: | Phone: | Fax: |
| Dealer: | Contact: | Date: | |
| Address: | | | |
| City, State, Zip: | | | |

Equalizer Tilt Information Continued

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------|---|-------|--|-------|--|------|---|------|--------------------------------------|----------|---|----------|--|-------|---|-------|--|-------|---|------|------------------------------------|-----------|---|------|--|------|---|-------|---|------------|---|--|--|-------|--|----------|---|----------|--|---|-------|---|------|-------------------------------------|------|-------------------------------|------|------------------------------------|------|---|------|---|------|-------------------------------------|------|---|--|--|---|--|--|--|---|
| <p>LEG RIGGINGS</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Center column mounted foot plate</td><td style="text-align: right;">Standard</td></tr> <tr><td><input type="checkbox"/> Right Hand Elevating Legrest</td><td style="text-align: right;">\$158</td></tr> <tr><td><input type="checkbox"/> Left Hand Elevating Legrest</td><td style="text-align: right;">\$158</td></tr> <tr><td><input type="checkbox"/> Right Hand Footrest</td><td style="text-align: right;">\$81</td></tr> <tr><td><input type="checkbox"/> Left Hand Footrest</td><td style="text-align: right;">\$81</td></tr> <tr><td><input type="checkbox"/> Heel Straps</td><td style="text-align: right;">\$25 Ea.</td></tr> <tr><td><input type="checkbox"/> ELR Knee Buttons</td><td style="text-align: right;">\$80 Pr.</td></tr> <tr><td><input type="checkbox"/> Footplate w/ELR</td><td style="text-align: right;">\$200</td></tr> </table> <p>TILT ACCESSORIES</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Rehab Headrest Pad</td><td style="text-align: right;">\$120</td></tr> <tr><td><input type="checkbox"/> Rehab Headrest Assembly</td><td style="text-align: right;">\$180</td></tr> <tr><td><input type="checkbox"/> Rehab Headrest Removable Cover</td><td style="text-align: right;">\$60</td></tr> <tr><td><input type="checkbox"/> Edema Pad</td><td style="text-align: right;">\$140 Ea.</td></tr> <tr><td><input type="checkbox"/> 10" Longer Lap Restraint</td><td style="text-align: right;">\$60</td></tr> <tr><td><input type="checkbox"/> Aircraft Type Lap Restraint</td><td style="text-align: right;">\$70</td></tr> <tr><td><input type="checkbox"/> Tie Down Anchor Points</td><td style="text-align: right;">\$160</td></tr> <tr><td><input type="checkbox"/> Lateral Thoracic Supports (not installed)</td><td style="text-align: right;">\$460 Pair</td></tr> <tr><td colspan="2">(Factory installation requires Mounting Tracks)</td></tr> <tr><td><input type="checkbox"/> Mounting Tracks</td><td style="text-align: right;">\$110</td></tr> <tr><td><input type="checkbox"/> Elbow Block Right Mounted</td><td style="text-align: right;">\$30 Ea.</td></tr> <tr><td><input type="checkbox"/> Elbow Block Left Mounted</td><td style="text-align: right;">\$30 Ea.</td></tr> </table> <p>COMMENTS:</p> <hr/> <hr/> <hr/> | <input type="checkbox"/> Center column mounted foot plate | Standard | <input type="checkbox"/> Right Hand Elevating Legrest | \$158 | <input type="checkbox"/> Left Hand Elevating Legrest | \$158 | <input type="checkbox"/> Right Hand Footrest | \$81 | <input type="checkbox"/> Left Hand Footrest | \$81 | <input type="checkbox"/> Heel Straps | \$25 Ea. | <input type="checkbox"/> ELR Knee Buttons | \$80 Pr. | <input type="checkbox"/> Footplate w/ELR | \$200 | <input type="checkbox"/> Rehab Headrest Pad | \$120 | <input type="checkbox"/> Rehab Headrest Assembly | \$180 | <input type="checkbox"/> Rehab Headrest Removable Cover | \$60 | <input type="checkbox"/> Edema Pad | \$140 Ea. | <input type="checkbox"/> 10" Longer Lap Restraint | \$60 | <input type="checkbox"/> Aircraft Type Lap Restraint | \$70 | <input type="checkbox"/> Tie Down Anchor Points | \$160 | <input type="checkbox"/> Lateral Thoracic Supports (not installed) | \$460 Pair | (Factory installation requires Mounting Tracks) | | <input type="checkbox"/> Mounting Tracks | \$110 | <input type="checkbox"/> Elbow Block Right Mounted | \$30 Ea. | <input type="checkbox"/> Elbow Block Left Mounted | \$30 Ea. | <p>BATTERIES</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> U1 Gell Cell (each - 2 required)</td><td style="text-align: right;">\$150</td></tr> </table> <p>OTHER ACCESSORIES & OPTIONS</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Basket - Folding</td><td style="text-align: right;">\$36</td></tr> <tr><td><input type="checkbox"/> Cup Holder</td><td style="text-align: right;">\$24</td></tr> <tr><td><input type="checkbox"/> Flag</td><td style="text-align: right;">\$40</td></tr> <tr><td><input type="checkbox"/> Front Bag</td><td style="text-align: right;">\$50</td></tr> <tr><td><input type="checkbox"/> Oxygen Cylinder Holder</td><td style="text-align: right;">Call</td></tr> <tr><td><input type="checkbox"/> O2 Mounting Hardware</td><td style="text-align: right;">Call</td></tr> <tr><td><input type="checkbox"/> Saddle Bag</td><td style="text-align: right;">\$30</td></tr> </table> <p>For MSRPs Records Only</p> <p>Client Gender M F</p> <p>Client Height _____</p> <p>Client Weight _____</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> 1 Seat to Shoulder _____</td></tr> <tr><td><input type="checkbox"/> 2 Trunk Width _____</td></tr> <tr><td><input type="checkbox"/> 3 Chest Width _____</td></tr> <tr><td><input type="checkbox"/> 4 Knee to Back _____</td></tr> <tr><td><input type="checkbox"/> 5 Seat to Top of Head _____</td></tr> <tr><td><input type="checkbox"/> 6 Elbow to Hand _____</td></tr> <tr><td><input type="checkbox"/> 7 Hip Width _____</td></tr> <tr><td><input type="checkbox"/> 8 Knee to Heel _____</td></tr> </table> <p>Special Client Conditions _____</p> <hr/> <hr/> | <input type="checkbox"/> U1 Gell Cell (each - 2 required) | \$150 | <input type="checkbox"/> Basket - Folding | \$36 | <input type="checkbox"/> Cup Holder | \$24 | <input type="checkbox"/> Flag | \$40 | <input type="checkbox"/> Front Bag | \$50 | <input type="checkbox"/> Oxygen Cylinder Holder | Call | <input type="checkbox"/> O2 Mounting Hardware | Call | <input type="checkbox"/> Saddle Bag | \$30 | <input type="checkbox"/> 1 Seat to Shoulder _____ | <input type="checkbox"/> 2 Trunk Width _____ | <input type="checkbox"/> 3 Chest Width _____ | <input type="checkbox"/> 4 Knee to Back _____ | <input type="checkbox"/> 5 Seat to Top of Head _____ | <input type="checkbox"/> 6 Elbow to Hand _____ | <input type="checkbox"/> 7 Hip Width _____ | <input type="checkbox"/> 8 Knee to Heel _____ |
| <input type="checkbox"/> Center column mounted foot plate | Standard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Right Hand Elevating Legrest | \$158 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Left Hand Elevating Legrest | \$158 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Right Hand Footrest | \$81 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Left Hand Footrest | \$81 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Heel Straps | \$25 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ELR Knee Buttons | \$80 Pr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Footplate w/ELR | \$200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rehab Headrest Pad | \$120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rehab Headrest Assembly | \$180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rehab Headrest Removable Cover | \$60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Edema Pad | \$140 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10" Longer Lap Restraint | \$60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Aircraft Type Lap Restraint | \$70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tie Down Anchor Points | \$160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lateral Thoracic Supports (not installed) | \$460 Pair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Factory installation requires Mounting Tracks) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mounting Tracks | \$110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Elbow Block Right Mounted | \$30 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Elbow Block Left Mounted | \$30 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> U1 Gell Cell (each - 2 required) | \$150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Basket - Folding | \$36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cup Holder | \$24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Flag | \$40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Front Bag | \$50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Oxygen Cylinder Holder | Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> O2 Mounting Hardware | Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Saddle Bag | \$30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 Seat to Shoulder _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Trunk Width _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 Chest Width _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4 Knee to Back _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5 Seat to Top of Head _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 Elbow to Hand _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 Hip Width _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8 Knee to Heel _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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.



EQUALIZER RF4 Tilt Base

Page 1 of 2

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

Power Base Information

| | |
|---|---|
| <input type="checkbox"/> Scout RF4 Power Base-82339 \$5,695 300 lb. weight capacity, FWD, 10" Flat Free Tires, 8° MIR, Programmable, Removable/Height & Angle Adjustable Arms. | CONTROLLER (Check one) <input type="checkbox"/> Right Hand Standard <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Power Seat \$1148 | CONTROLLER OPTIONS (Check one) <input type="checkbox"/> Non-Integrated (1 Function) Standard <input type="checkbox"/> Integrated (2 Functions) NC <input type="checkbox"/> Non-Integrated (2 Functions) \$100 <input type="checkbox"/> Retractable \$199 <input type="checkbox"/> Attendant \$600 <input type="checkbox"/> Rear Mounted Joystick \$100 |
| COLOR - MIRROR GLAZE™ (Check one) <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black | |

Equalizer Tilt Information

| | |
|--|---|
| <input type="checkbox"/> EQUALIZER TILT SYSTEM - E1002 \$4,300 FRAME WIDTH (outside to outside of frame tubes) (Check One) Width <input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20" <input type="checkbox"/> 22" Standard Custom Size _____ (No wider than 22") \$150 1' Round tubes are standard - Adjustable position. Standard Lap Restraint NC Seat back board is 2" narrower than frame width. FRAME DEPTH <input type="checkbox"/> Depth 14" - 17.5" (specify size _____) Standard <input type="checkbox"/> Depth Extension (Can not be used with ELR's or Swing-Aways) \$120 SEAT PAN <input type="checkbox"/> Solid seat pan included is 1/4" ABS 24" x 24" Standard <input type="checkbox"/> Custom Size _____ NC BACK TYPE Curved back -18" height x <input type="checkbox"/> 14" <input type="checkbox"/> 16" <input type="checkbox"/> 18" Standard <input type="checkbox"/> 20" \$100 <input type="checkbox"/> Omit back \$<70> <input type="checkbox"/> Custom height (specify size) \$200 <input type="checkbox"/> Curved - \$150 (_____) <input type="checkbox"/> Flat - \$200 (_____) \$110 <input type="checkbox"/> Hardware Mounting Tracks Seat back board is 2" narrower than frame width. SEAT TO FLOOR (+/- .5" measured from top of seat to floor excluding 3 degree pre-tilt) _____ | BACK HEIGHT (above solid pan) <input type="checkbox"/> Back Height 19" - 24.5" _____ Standard <input type="checkbox"/> Custom Cane Size _____ \$200 (Top of seat pan to top of back _____) <input type="checkbox"/> 1" Square back canes \$40 ARMPAD TYPE (Choose One) <input type="checkbox"/> 11" upholstered w/flat top NC Pair <input type="checkbox"/> 14" upholstered w/flat top NC Pair <input type="checkbox"/> 11"/14" upholstered w/flat top NC Pair SEAT CUSHION TYPE <input type="checkbox"/> General Purpose (non-coded) seat cushion <input type="checkbox"/> Up to 20" wide \$120 <input type="checkbox"/> Wider than 20" \$160 <input type="checkbox"/> None <input type="checkbox"/> Admiral's Seat Kit (required with Admiral seat) Call <input type="checkbox"/> Admiral's Seat 18" w x 18" deep Call <input type="checkbox"/> Admiral's Seat 21" w x 21" (grey vinyl stocked) Call (Custom order form must be filled out - Extra Lead Time) <input type="checkbox"/> Admiral's Seat Custom Size Call (Custom order form must be filled out - Extra Lead Time) PRE-TILT SPACERS <input type="checkbox"/> 0° <input type="checkbox"/> 3° <input type="checkbox"/> 6° |
|--|---|



EQUALIZER RF4 Tilt Base

Page 2 of 2

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

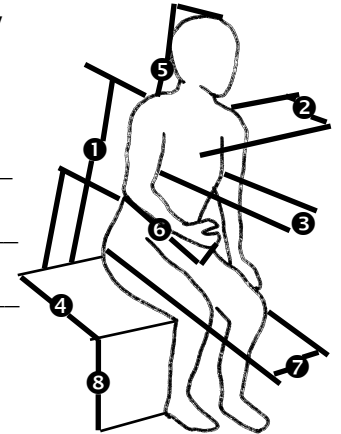
Effective June 1, 2008

Account Information

| | | | |
|-------------------|----------|--------|------|
| Account No.: | PO#: | Phone: | Fax: |
| Dealer: | Contact: | Date: | |
| Address: | | | |
| City, State, Zip: | | | |

Equalizer Tilt Information Continued

| | |
|---|---|
| <p>LEG RIGGINGS</p> <p><input type="checkbox"/> Center column mounted foot plate Standard</p> <p><input type="checkbox"/> Right Hand Elevating Legrest \$158</p> <p><input type="checkbox"/> Left Hand Elevating Legrest \$158</p> <p><input type="checkbox"/> Right Hand Footrest \$81</p> <p><input type="checkbox"/> Left Hand Footrest \$81</p> <p><input type="checkbox"/> Heel Straps \$25 Ea.</p> <p><input type="checkbox"/> ELR Knee Buttons \$80 Pr.</p> <p><input type="checkbox"/> Footplate w/ELR \$200</p> <p>TILT ACCESSORIES</p> <p><input type="checkbox"/> Rehab Headrest Pad \$120</p> <p><input type="checkbox"/> Rehab Headrest Assembly \$180</p> <p><input type="checkbox"/> Rehab Headrest Removable Cover \$60</p> <p><input type="checkbox"/> Edema Pad \$140 Ea.</p> <p><input type="checkbox"/> 10" Longer Lap Restraint \$60</p> <p><input type="checkbox"/> Aircraft Type Lap Restraint \$70</p> <p><input type="checkbox"/> Tie Down Anchor Points \$160</p> <p><input type="checkbox"/> Lateral Thoracic Supports (not installed) \$460 Pair (Factory installation requires Mounting Tracks)</p> <p><input type="checkbox"/> Mounting Tracks \$110</p> <p><input type="checkbox"/> Elbow Block Right Mounted \$30 Ea.</p> <p><input type="checkbox"/> Elbow Block Left Mounted \$30 Ea.</p> <p>COMMENTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>BATTERIES</p> <p><input type="checkbox"/> Group 24 (each - 2 required) \$300</p> <p>OTHER ACCESSORIES & OPTIONS</p> <p><input type="checkbox"/> Basket - Folding \$36</p> <p><input type="checkbox"/> Cup Holder \$24</p> <p><input type="checkbox"/> Flag \$40</p> <p><input type="checkbox"/> Front Bag \$50</p> <p><input type="checkbox"/> Oxygen Cylinder Holder Call</p> <p><input type="checkbox"/> O2 Mounting Hardware Call</p> <p><input type="checkbox"/> Saddle Bag \$30</p> <p>For MSRPs Records Only</p> <p>Client Gender M F</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.



EQUALIZER

RFP4 Tilt Base

Page 1 of 2

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

Power Base Information

| | |
|---|---|
| <input type="checkbox"/> Scout RFP4 Power Base-82375 \$5,775 300 lb. weight capacity, FWD, 14" Flat Free Tires, 8° MIR, Programmable, Removable/Height & Angle Adjustable Arms. | CONTROLLER (Check one) <input type="checkbox"/> Right Hand Standard <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Power Seat N/A | CONTROLLER OPTIONS (Check one) <input type="checkbox"/> Non-Integrated (1 Function) Standard <input type="checkbox"/> Integrated (2 Functions) NC <input type="checkbox"/> Non-Integrated (2 Functions) \$100 <input type="checkbox"/> Retractable \$199 <input type="checkbox"/> Attendant \$600 <input type="checkbox"/> Rear Mounted Joystick \$100 |
| COLOR - MIRROR GLAZE™ (Check one) <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black | |

Equalizer Tilt Information

| | |
|--|--|
| <input type="checkbox"/> EQUALIZER TILT SYSTEM - E1002 \$4,300 FRAME WIDTH (outside to outside of frame tubes) (Check One) Width <input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20" <input type="checkbox"/> 22" Standard Custom Size _____ (No wider than 22") \$150 1' Round tubes are standard - Adjustable position. Standard Lap Restraint NC Seat back board is 2" narrower than frame width. FRAME DEPTH <input type="checkbox"/> Depth 14" - 17.5" (specify size _____) Standard <input type="checkbox"/> Depth Extension (Can not be used with \$120 ELR's or Swing-Aways) | BACK HEIGHT (above solid pan) <input type="checkbox"/> Back Height 19" - 24.5" _____ Standard <input type="checkbox"/> Custom Cane Size _____ \$200 (Top of seat pan to top of back _____) <input type="checkbox"/> 1" Square back canes \$40 |
| SEAT PAN <input type="checkbox"/> Solid seat pan included is 1/4" ABS 24" x 24" Standard <input type="checkbox"/> Custom Size _____ NC | ARMPAD TYPE (Choose One) <input type="checkbox"/> 11" upholstered w/flat top NC Pair <input type="checkbox"/> 14" upholstered w/flat top NC Pair <input type="checkbox"/> 11"/14" upholstered w/flat top NC Pair |
| BACK TYPE Curved back -18" height x <input type="checkbox"/> 14" <input type="checkbox"/> 16" <input type="checkbox"/> 18" Standard <input type="checkbox"/> 20" \$100 <input type="checkbox"/> Omit back \$<70> <input type="checkbox"/> Custom height (specify size) \$200 <input type="checkbox"/> Curved - \$150 (_____) <input type="checkbox"/> Flat - \$200 (_____) | SEAT CUSHION TYPE <input type="checkbox"/> General Purpose (non-coded) seat cushion <input type="checkbox"/> Up to 20" wide \$120 <input type="checkbox"/> Wider than 20" \$160 <input type="checkbox"/> None |
| <input type="checkbox"/> Hardware Mounting Tracks \$110 Seat back board is 2" narrower than frame width. SEAT TO FLOOR (+/- .5" measured from top of seat to floor excluding 3 degree pre-tilt) _____ | PRE-TILT SPACERS <input type="checkbox"/> 0° <input type="checkbox"/> 3° <input type="checkbox"/> 6° |



EQUALIZER RFP4 Tilt Base

Page 2 of 2

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

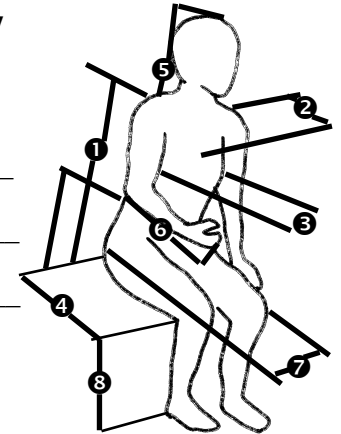
Effective June 1, 2008

Account Information

| | | | |
|-------------------|----------|--------|------|
| Account No.: | PO#: | Phone: | Fax: |
| Dealer: | Contact: | Date: | |
| Address: | | | |
| City, State, Zip: | | | |

Equalizer Tilt Information Continued

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------|---|-------|--|-------|--|------|---|------|--------------------------------------|----------|---|----------|--|-------|---|-------|--|-------|---|------|------------------------------------|-----------|---|------|--|------|---|-------|---|------------|---|--|--|-------|--|----------|---|----------|--|---|-------|-------|---|------|-------------------------------------|------|-------------------------------|------|------------------------------------|------|---|------|---|------|-------------------------------------|------|---|--|--|---|--|--|--|---|
| <p>LEG RIGGINGS</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Center column mounted foot plate</td><td style="text-align: right;">Standard</td></tr> <tr><td><input type="checkbox"/> Right Hand Elevating Legrest</td><td style="text-align: right;">\$158</td></tr> <tr><td><input type="checkbox"/> Left Hand Elevating Legrest</td><td style="text-align: right;">\$158</td></tr> <tr><td><input type="checkbox"/> Right Hand Footrest</td><td style="text-align: right;">\$81</td></tr> <tr><td><input type="checkbox"/> Left Hand Footrest</td><td style="text-align: right;">\$81</td></tr> <tr><td><input type="checkbox"/> Heel Straps</td><td style="text-align: right;">\$25 Ea.</td></tr> <tr><td><input type="checkbox"/> ELR Knee Buttons</td><td style="text-align: right;">\$80 Pr.</td></tr> <tr><td><input type="checkbox"/> Footplate w/ELR</td><td style="text-align: right;">\$200</td></tr> </table> <p>TILT ACCESSORIES</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Rehab Headrest Pad</td><td style="text-align: right;">\$120</td></tr> <tr><td><input type="checkbox"/> Rehab Headrest Assembly</td><td style="text-align: right;">\$180</td></tr> <tr><td><input type="checkbox"/> Rehab Headrest Removable Cover</td><td style="text-align: right;">\$60</td></tr> <tr><td><input type="checkbox"/> Edema Pad</td><td style="text-align: right;">\$140 Ea.</td></tr> <tr><td><input type="checkbox"/> 10" Longer Lap Restraint</td><td style="text-align: right;">\$60</td></tr> <tr><td><input type="checkbox"/> Aircraft Type Lap Restraint</td><td style="text-align: right;">\$70</td></tr> <tr><td><input type="checkbox"/> Tie Down Anchor Points</td><td style="text-align: right;">\$160</td></tr> <tr><td><input type="checkbox"/> Lateral Thoracic Supports (not installed)</td><td style="text-align: right;">\$460 Pair</td></tr> <tr><td colspan="2">(Factory installation requires Mounting Tracks)</td></tr> <tr><td><input type="checkbox"/> Mounting Tracks</td><td style="text-align: right;">\$110</td></tr> <tr><td><input type="checkbox"/> Elbow Block Right Mounted</td><td style="text-align: right;">\$30 Ea.</td></tr> <tr><td><input type="checkbox"/> Elbow Block Left Mounted</td><td style="text-align: right;">\$30 Ea.</td></tr> </table> <p>COMMENTS:</p> <hr/> <hr/> <hr/> | <input type="checkbox"/> Center column mounted foot plate | Standard | <input type="checkbox"/> Right Hand Elevating Legrest | \$158 | <input type="checkbox"/> Left Hand Elevating Legrest | \$158 | <input type="checkbox"/> Right Hand Footrest | \$81 | <input type="checkbox"/> Left Hand Footrest | \$81 | <input type="checkbox"/> Heel Straps | \$25 Ea. | <input type="checkbox"/> ELR Knee Buttons | \$80 Pr. | <input type="checkbox"/> Footplate w/ELR | \$200 | <input type="checkbox"/> Rehab Headrest Pad | \$120 | <input type="checkbox"/> Rehab Headrest Assembly | \$180 | <input type="checkbox"/> Rehab Headrest Removable Cover | \$60 | <input type="checkbox"/> Edema Pad | \$140 Ea. | <input type="checkbox"/> 10" Longer Lap Restraint | \$60 | <input type="checkbox"/> Aircraft Type Lap Restraint | \$70 | <input type="checkbox"/> Tie Down Anchor Points | \$160 | <input type="checkbox"/> Lateral Thoracic Supports (not installed) | \$460 Pair | (Factory installation requires Mounting Tracks) | | <input type="checkbox"/> Mounting Tracks | \$110 | <input type="checkbox"/> Elbow Block Right Mounted | \$30 Ea. | <input type="checkbox"/> Elbow Block Left Mounted | \$30 Ea. | <p>BATTERIES</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Group 22 (each - 2 required)</td> <td style="text-align: center;">81129</td> <td style="text-align: right;">\$250</td> </tr> </table> <p>OTHER ACCESSORIES & OPTIONS</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Basket - Folding</td><td style="text-align: right;">\$36</td></tr> <tr><td><input type="checkbox"/> Cup Holder</td><td style="text-align: right;">\$24</td></tr> <tr><td><input type="checkbox"/> Flag</td><td style="text-align: right;">\$40</td></tr> <tr><td><input type="checkbox"/> Front Bag</td><td style="text-align: right;">\$50</td></tr> <tr><td><input type="checkbox"/> Oxygen Cylinder Holder</td><td style="text-align: right;">Call</td></tr> <tr><td><input type="checkbox"/> O2 Mounting Hardware</td><td style="text-align: right;">Call</td></tr> <tr><td><input type="checkbox"/> Saddle Bag</td><td style="text-align: right;">\$30</td></tr> </table> <p>For MSRPs Records Only</p> <p>Client Gender M F</p> <p>Client Height _____</p> <p>Client Weight _____</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> 1 Seat to Shoulder _____</td></tr> <tr><td><input type="checkbox"/> 2 Trunk Width _____</td></tr> <tr><td><input type="checkbox"/> 3 Chest Width _____</td></tr> <tr><td><input type="checkbox"/> 4 Knee to Back _____</td></tr> <tr><td><input type="checkbox"/> 5 Seat to Top of Head _____</td></tr> <tr><td><input type="checkbox"/> 6 Elbow to Hand _____</td></tr> <tr><td><input type="checkbox"/> 7 Hip Width _____</td></tr> <tr><td><input type="checkbox"/> 8 Knee to Heel _____</td></tr> </table> <p>Special Client Conditions _____</p> <hr/> <hr/> | <input type="checkbox"/> Group 22 (each - 2 required) | 81129 | \$250 | <input type="checkbox"/> Basket - Folding | \$36 | <input type="checkbox"/> Cup Holder | \$24 | <input type="checkbox"/> Flag | \$40 | <input type="checkbox"/> Front Bag | \$50 | <input type="checkbox"/> Oxygen Cylinder Holder | Call | <input type="checkbox"/> O2 Mounting Hardware | Call | <input type="checkbox"/> Saddle Bag | \$30 | <input type="checkbox"/> 1 Seat to Shoulder _____ | <input type="checkbox"/> 2 Trunk Width _____ | <input type="checkbox"/> 3 Chest Width _____ | <input type="checkbox"/> 4 Knee to Back _____ | <input type="checkbox"/> 5 Seat to Top of Head _____ | <input type="checkbox"/> 6 Elbow to Hand _____ | <input type="checkbox"/> 7 Hip Width _____ | <input type="checkbox"/> 8 Knee to Heel _____ |
| <input type="checkbox"/> Center column mounted foot plate | Standard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Right Hand Elevating Legrest | \$158 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Left Hand Elevating Legrest | \$158 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Right Hand Footrest | \$81 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Left Hand Footrest | \$81 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Heel Straps | \$25 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ELR Knee Buttons | \$80 Pr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Footplate w/ELR | \$200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rehab Headrest Pad | \$120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rehab Headrest Assembly | \$180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rehab Headrest Removable Cover | \$60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Edema Pad | \$140 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10" Longer Lap Restraint | \$60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Aircraft Type Lap Restraint | \$70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tie Down Anchor Points | \$160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lateral Thoracic Supports (not installed) | \$460 Pair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Factory installation requires Mounting Tracks) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mounting Tracks | \$110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Elbow Block Right Mounted | \$30 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Elbow Block Left Mounted | \$30 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Group 22 (each - 2 required) | 81129 | \$250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Basket - Folding | \$36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cup Holder | \$24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Flag | \$40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Front Bag | \$50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Oxygen Cylinder Holder | Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> O2 Mounting Hardware | Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Saddle Bag | \$30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 Seat to Shoulder _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Trunk Width _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 Chest Width _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4 Knee to Back _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5 Seat to Top of Head _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 Elbow to Hand _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 Hip Width _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8 Knee to Heel _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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.



EQUALIZER

BOSS 4.5 Tilt Base

Page 1 of 2

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

Effective June 1, 2008

Account Information

Account No.: _____ PO#: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Date: _____

Ship to: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Tag for: _____

Power Base Information

| | |
|--|---|
| <input type="checkbox"/> Scout 4.5 SS/SP Power Base-82389 \$7,449 300 lb. weight capacity, FWD, 14" Flat Free Tires, 8° MIR, Programmable, Removable/Height & Angle Adjustable Arms. | CONTROLLER (Check one) <input type="checkbox"/> Right Hand Standard <input type="checkbox"/> Left Hand NC |
| <input type="checkbox"/> Power Seat \$1148 | CONTROLLER OPTIONS (Check one) <input type="checkbox"/> Non-Integrated (1 Function) Standard <input type="checkbox"/> Integrated (2 Functions) NC <input type="checkbox"/> Non-Integrated (2 Functions) \$100 <input type="checkbox"/> Retractable \$199 <input type="checkbox"/> Attendant \$600 <input type="checkbox"/> Rear Mounted Joystick \$100 |
| COLOR - MIRROR GLAZE™ (Check one) <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Black | |

Equalizer Tilt Information

| | |
|---|---|
| <input type="checkbox"/> EQUALIZER TILT SYSTEM - E1002 \$4,300 | |
| FRAME WIDTH (outside to outside of frame tubes) (Check One) Width <input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20" <input type="checkbox"/> 22" Standard Custom Size _____ (No wider than 22") \$150 1' Round tubes are standard - Adjustable position. Standard Lap Restraint NC Seat back board is 2" narrower than frame width. | BACK HEIGHT (above solid pan) <input type="checkbox"/> Back Height 19" - 24.5" _____ Standard <input type="checkbox"/> Custom Cane Size _____ \$200 (Top of seat pan to top of back _____) <input type="checkbox"/> 1" Square back canes \$40 |
| FRAME DEPTH <input type="checkbox"/> Depth 14" - 17.5" (specify size _____) Standard <input type="checkbox"/> Depth Extension (Can not be used with ELR's or Swing-Aways) \$120 | ARMPAD TYPE (Choose One) <input type="checkbox"/> 11" upholstered w/flat top NC Pair <input type="checkbox"/> 14" upholstered w/flat top NC Pair <input type="checkbox"/> 11"/14" upholstered w/flat top NC Pair |
| SEAT PAN <input type="checkbox"/> Solid seat pan included is 1/4" ABS 24" x 24" Standard <input type="checkbox"/> Custom Size _____ NC | SEAT CUSHION TYPE <input type="checkbox"/> General Purpose (non-coded) seat cushion <input type="checkbox"/> Up to 20" wide \$120 <input type="checkbox"/> Wider than 20" \$160 <input type="checkbox"/> None |
| BACK TYPE Curved back -18" height x <input type="checkbox"/> 14" <input type="checkbox"/> 16" <input type="checkbox"/> 18" Standard <input type="checkbox"/> 20" \$100 <input type="checkbox"/> Omit back \$<70> <input type="checkbox"/> Custom height (specify size) \$200 <input type="checkbox"/> Curved - \$150 (_____) <input type="checkbox"/> Flat - \$200 (_____) | <input type="checkbox"/> Admiral's Seat Kit (required with Admiral seat) Call <input type="checkbox"/> Admiral's Seat 18" w x 18" deep Call <input type="checkbox"/> Admiral's Seat 21" w x 21" (grey vinyl stocked) Call (Custom order form must be filled out - Extra Lead Time) <input type="checkbox"/> Admiral's Seat Custom Size Call (Custom order form must be filled out - Extra Lead Time) |
| SEAT TO FLOOR (+/- .5" measured from top of seat to floor excluding 3 degree pre-tilt) _____ Seat back board is 2" narrower than frame width. | PRE-TILT SPACERS <input type="checkbox"/> 0° <input type="checkbox"/> 3° <input type="checkbox"/> 6° |



EQUALIZER

BOSS 4.5 Tilt Base

Page 2 of 2

Fax this MSRP Order Form

toll free to **800-862-8782**

Leisure-Lift, Inc.

Phone: 800-255-0285

Fax: 913-722-2614

www.pacesaver.com

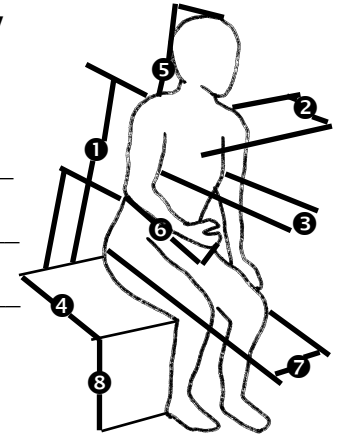
Effective June 1, 2008

Account Information

| | | | |
|-------------------|----------|--------|------|
| Account No.: | PO#: | Phone: | Fax: |
| Dealer: | Contact: | Date: | |
| Address: | | | |
| City, State, Zip: | | | |

Equalizer Tilt Information Continued

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------|---|-------|--|-------|--|------|---|------|--------------------------------------|----------|---|----------|--|-------|---|-------|--|-------|---|------|------------------------------------|-----------|---|------|--|------|---|-------|---|------------|---|--|--|-------|--|----------|---|----------|--|---|-------|-------|---|------|-------------------------------------|------|-------------------------------|------|------------------------------------|------|---|------|---|------|-------------------------------------|------|
| <p>LEG RIGGINGS</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Center column mounted foot plate</td><td style="text-align: right;">Standard</td></tr> <tr><td><input type="checkbox"/> Right Hand Elevating Legrest</td><td style="text-align: right;">\$158</td></tr> <tr><td><input type="checkbox"/> Left Hand Elevating Legrest</td><td style="text-align: right;">\$158</td></tr> <tr><td><input type="checkbox"/> Right Hand Footrest</td><td style="text-align: right;">\$81</td></tr> <tr><td><input type="checkbox"/> Left Hand Footrest</td><td style="text-align: right;">\$81</td></tr> <tr><td><input type="checkbox"/> Heel Straps</td><td style="text-align: right;">\$25 Ea.</td></tr> <tr><td><input type="checkbox"/> ELR Knee Buttons</td><td style="text-align: right;">\$80 Pr.</td></tr> <tr><td><input type="checkbox"/> Footplate w/ELR</td><td style="text-align: right;">\$200</td></tr> </table> <p>TILT ACCESSORIES</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Rehab Headrest Pad</td><td style="text-align: right;">\$120</td></tr> <tr><td><input type="checkbox"/> Rehab Headrest Assembly</td><td style="text-align: right;">\$180</td></tr> <tr><td><input type="checkbox"/> Rehab Headrest Removable Cover</td><td style="text-align: right;">\$60</td></tr> <tr><td><input type="checkbox"/> Edema Pad</td><td style="text-align: right;">\$140 Ea.</td></tr> <tr><td><input type="checkbox"/> 10" Longer Lap Restraint</td><td style="text-align: right;">\$60</td></tr> <tr><td><input type="checkbox"/> Aircraft Type Lap Restraint</td><td style="text-align: right;">\$70</td></tr> <tr><td><input type="checkbox"/> Tie Down Anchor Points</td><td style="text-align: right;">\$160</td></tr> <tr><td><input type="checkbox"/> Lateral Thoracic Supports (not installed)</td><td style="text-align: right;">\$460 Pair</td></tr> <tr><td colspan="2">(Factory installation requires Mounting Tracks)</td></tr> <tr><td><input type="checkbox"/> Mounting Tracks</td><td style="text-align: right;">\$110</td></tr> <tr><td><input type="checkbox"/> Elbow Block Right Mounted</td><td style="text-align: right;">\$30 Ea.</td></tr> <tr><td><input type="checkbox"/> Elbow Block Left Mounted</td><td style="text-align: right;">\$30 Ea.</td></tr> </table> <p>COMMENTS:</p> <hr/> <hr/> <hr/> | <input type="checkbox"/> Center column mounted foot plate | Standard | <input type="checkbox"/> Right Hand Elevating Legrest | \$158 | <input type="checkbox"/> Left Hand Elevating Legrest | \$158 | <input type="checkbox"/> Right Hand Footrest | \$81 | <input type="checkbox"/> Left Hand Footrest | \$81 | <input type="checkbox"/> Heel Straps | \$25 Ea. | <input type="checkbox"/> ELR Knee Buttons | \$80 Pr. | <input type="checkbox"/> Footplate w/ELR | \$200 | <input type="checkbox"/> Rehab Headrest Pad | \$120 | <input type="checkbox"/> Rehab Headrest Assembly | \$180 | <input type="checkbox"/> Rehab Headrest Removable Cover | \$60 | <input type="checkbox"/> Edema Pad | \$140 Ea. | <input type="checkbox"/> 10" Longer Lap Restraint | \$60 | <input type="checkbox"/> Aircraft Type Lap Restraint | \$70 | <input type="checkbox"/> Tie Down Anchor Points | \$160 | <input type="checkbox"/> Lateral Thoracic Supports (not installed) | \$460 Pair | (Factory installation requires Mounting Tracks) | | <input type="checkbox"/> Mounting Tracks | \$110 | <input type="checkbox"/> Elbow Block Right Mounted | \$30 Ea. | <input type="checkbox"/> Elbow Block Left Mounted | \$30 Ea. | <p>BATTERIES</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Group 24 (each - 2 required)</td> <td style="text-align: right;">81673</td> <td style="text-align: right;">\$300</td> </tr> </table> <p>OTHER ACCESSORIES & OPTIONS</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Basket - Folding</td><td style="text-align: right;">\$36</td></tr> <tr><td><input type="checkbox"/> Cup Holder</td><td style="text-align: right;">\$24</td></tr> <tr><td><input type="checkbox"/> Flag</td><td style="text-align: right;">\$40</td></tr> <tr><td><input type="checkbox"/> Front Bag</td><td style="text-align: right;">\$50</td></tr> <tr><td><input type="checkbox"/> Oxygen Cylinder Holder</td><td style="text-align: right;">Call</td></tr> <tr><td><input type="checkbox"/> O2 Mounting Hardware</td><td style="text-align: right;">Call</td></tr> <tr><td><input type="checkbox"/> Saddle Bag</td><td style="text-align: right;">\$30</td></tr> </table> <p>For MSRPs Records Only</p> <p>Client Gender M F</p> <p>Client Height _____</p> <p>Client Weight _____</p> <p> <input type="checkbox"/> 1 Seat to Shoulder _____ <input type="checkbox"/> 2 Trunk Width _____ <input type="checkbox"/> 3 Chest Width _____ <input type="checkbox"/> 4 Knee to Back _____ <input type="checkbox"/> 5 Seat to Top of Head _____ <input type="checkbox"/> 6 Elbow to Hand _____ <input type="checkbox"/> 7 Hip Width _____ <input type="checkbox"/> 8 Knee to Heel _____ </p> <p>Special Client Conditions</p> <hr/> <hr/> | <input type="checkbox"/> Group 24 (each - 2 required) | 81673 | \$300 | <input type="checkbox"/> Basket - Folding | \$36 | <input type="checkbox"/> Cup Holder | \$24 | <input type="checkbox"/> Flag | \$40 | <input type="checkbox"/> Front Bag | \$50 | <input type="checkbox"/> Oxygen Cylinder Holder | Call | <input type="checkbox"/> O2 Mounting Hardware | Call | <input type="checkbox"/> Saddle Bag | \$30 |
| <input type="checkbox"/> Center column mounted foot plate | Standard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Right Hand Elevating Legrest | \$158 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Left Hand Elevating Legrest | \$158 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Right Hand Footrest | \$81 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Left Hand Footrest | \$81 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Heel Straps | \$25 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ELR Knee Buttons | \$80 Pr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Footplate w/ELR | \$200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rehab Headrest Pad | \$120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rehab Headrest Assembly | \$180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rehab Headrest Removable Cover | \$60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Edema Pad | \$140 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10" Longer Lap Restraint | \$60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Aircraft Type Lap Restraint | \$70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tie Down Anchor Points | \$160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lateral Thoracic Supports (not installed) | \$460 Pair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Factory installation requires Mounting Tracks) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mounting Tracks | \$110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Elbow Block Right Mounted | \$30 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Elbow Block Left Mounted | \$30 Ea. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Group 24 (each - 2 required) | 81673 | \$300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Basket - Folding | \$36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cup Holder | \$24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Flag | \$40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Front Bag | \$50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Oxygen Cylinder Holder | Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> O2 Mounting Hardware | Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Saddle Bag | \$30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



WARRANTY:

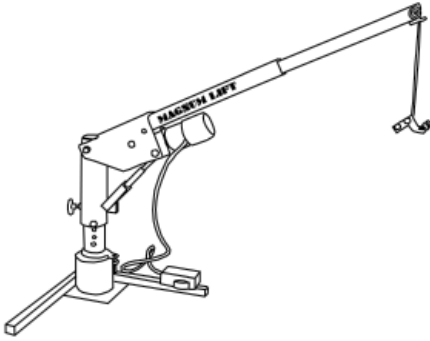
Please see literature for warranty information.

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.

Leisure-Lift[®]

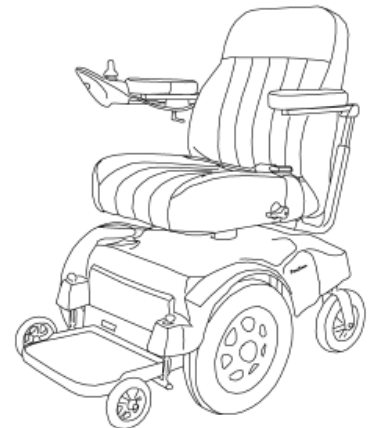
Products



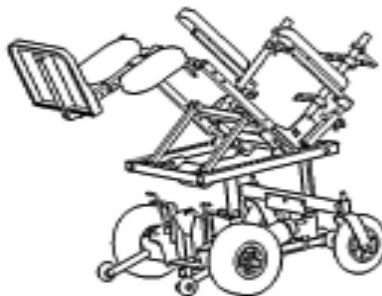
PaceSaver[®]
Scoters



Scout[™]
Power Wheelchairs



EQUALIZER



Leisure-Lift, Inc.

MSRP Order Forms & Price Lists

Effective June 1, 2008

- Please refer any questions to our customer service dept at 800-255-0285.
- Customer service is available Monday - Friday, 8:00am to 4:30pm CST.
- Please see product brochures for complete description & specifications.

CUSTOM COMPONENTS

Because we design and manufacture our products in the United States, we can often solve your special needs with relative ease, lower cost and reasonable lead times.

Below is a list of some of the popular modifications we work with.

- Custom seat to floor heights
- Custom seat sizes
- Custom back sizes
- Custom arm support height
- Custom upholstery selection
- 3/4" lower seat bracket
- Privacy flap on seating back
- Hinge extensions to increase gap between seat cushion and back
- Wedge shape shims to adjust back angle.
- Raised scooter floor pan
- Heavy duty front bumper on scooters
- Extra wide power chair foot plates
- Charger upgrade on powerchairs (Micro-Light)
- Powerchair and scooter controller programmable settings
- Longer Elevating Legrests

Call our customer service department for quotes on custom components.

Leisure-Lift, Inc.

1800 Merriam Lane
 Kansas City, KS 66106
 Toll Free: 800-255-0285
 Fax Free: 800-862-8782
 Fax: 913-722-2614
 Email: leisure-lift@kc.rr.com
www.pacesaver.com