



Demonstration Detail Agreement Form: Autochair Smart Lifter Range

Installation item (mm) measurements when stripped of removable attachments

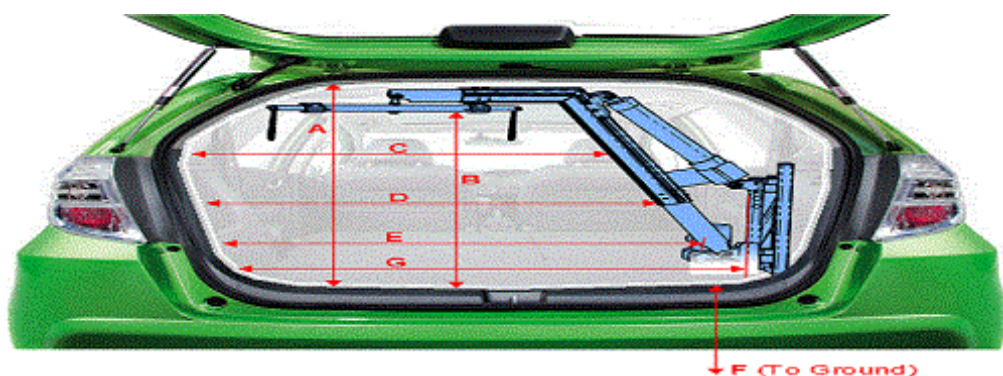
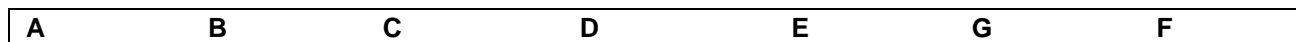
Folded
 Height _____ Width _____
 Length _____ Weight _____ Kg

Car Boot and boom Measurements (mm) -

Height _____
 Width _____ Depth _____
 Radius from post base to mid scooter _____
 See more detailed measurements below

DATE OF DEMO

Customer	Address	Phone	Email
Therapist			
Autochair Hoist Chosen			
Item to be hoisted:			Notes
Vehicle Make:	VIN: _____ Model: _____	Rego: _____	Year: _____ Kms: _____
Any special requirements			



Dealers, 450 vehicle measurements on Autochair Portal <https://dealers.autochair.co.uk/login>

1. Boom arm height of the LM and LP is 120mm (A-B)
2. Boom arm height of the LC Compact is 60mm (A-B)
3. LM 40 and 80kg are strap action and Folding Boom Arm.
4. LC and LP are crane action.

Measurement B (A minus boom arm height) is the max available height of the item to be transported.

THESE ARE THE MINIMUM AND MAXIMUM FLOOR TO CAR CEILING HEIGHTS NEEDED TO INSTALL THE SMART LIFTERS.

LM 40/80 kg folding min and max floor to ceiling	762mm and 955mm
LC80kg 250mm actuator min and max floor to ceiling	600mm and 900mm
LC 100kg 275mm actuator min and max floor to ceiling	640mm and 900mm
LP 150kg 250mm actuator min and max floor to ceiling	697mm and 907mm
LP 150kg 300mm actuator min and max floor to ceiling	770mm and 907mm, (special order)
LP 200KG 250mm actuator min and max floor to ceiling	727mm and 907mm

Note for Dealer: Measurements, fitting instructions in colour for 450 vehicles and lifting brackets are on the Autochair dealer portal, <https://dealers.autochair.co.uk/login> Sign in with your username (email and password). Lost your username and password – just call Mobilitycare on 03 95688383 or email info@mobilitycare.net.au

DECLARATION: I understand that some trim and carpet may either need to be removed, cut or drilled to facilitate the installation of the Autochair-Smart Lifter. Some rear seats may not be useable when hoist is operated

I agree that the Autochair Smart Lifter has been demonstrated to me and that I am happy that I can satisfactorily operate it in accordance with the above conditions:

Signed by Client _____ Date _____

Signed by Therapist _____ Date _____

Signed by Dealer _____ Date _____