



Demonstration Detail Agreement Form: Autochair Hoist 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 _____

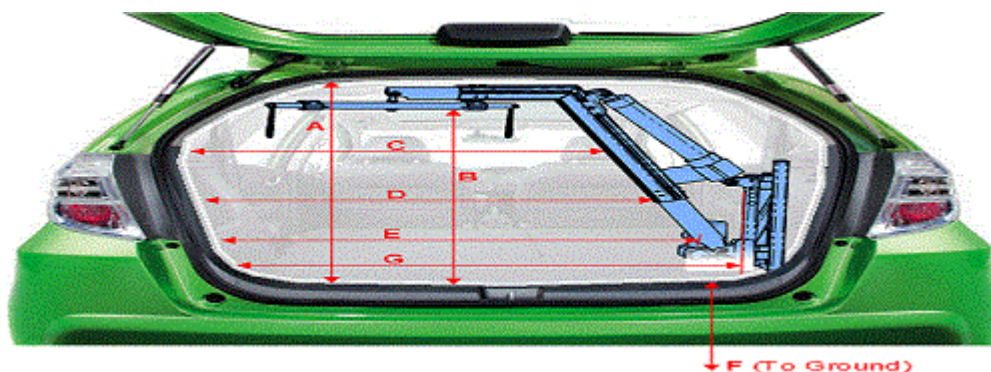
Radius from post base to mid scooter _____

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			

A	B	C	D	E	G	F
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Dealers, Get these measurements from <http://autochaironline.co.uk/> Or measure if needed

Note for Dealer A-B = 120mm approx, so please allow this clearance when calculating fitting. Deduct 100mm from the total width of the rear opening to calculate G. Please visit autochaironline.co.uk and sign in with your username and password to see the rear measurements for 300 vehicles and the colour picture fitting instructions. 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-Hoist. Some rear seats may not be useable when hoist is operated I agree that the Autochair Hoist 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_____

For Dealer _____ Date_____