## **HAULWAY™** Scooter & Power Chair Lift

## **Ordering Checklist**

Please complete the following information before quoting or ordering equipment.

Customer Name	Today's Date				
Customer Address		City		State	Zip
Phone	Cell Phone		Email		
Mobility Device					
□ 3-Wheel Scooter □ 4-Wheel Scooter □ Power Chair					ower Chair
Mobility Device Details					
			Weight pounds		
Wheelbase (if known) ir	nches Dimensions (L x V	V)	inches		_ inches
Hitch  Does your vehicle currently have a hitch? Yes Class In the content of the content of the currently have a hitch? Yes Class In the content of the currently have a hitch, please contact a local hitch installer. Hitch Height (Working distance from ground) inches If distance is greater than 17.5", drop L-tube is required.					
Tongue Weight Capacity					
+ Weight of Mobility Device Weight of Lift			_ < 300 pounds = Class II		
+			< 500 pounds = Class III		
Weight of Mobility Device Weight of Lift  Ordering Favingent					
Ordering Equipment Follow these easy steps to select your perfect setup					
STEP 1: Choose the main unit	STEP 2: Select tray co	nfiguration	STEP	3: Select op	tional equipment
Lite	3-Wheel (1 center	tray)		tandard Swir	ngaway
☐ Standard	4-Wheel (2 side trays)		☐ Heavy Duty Swingaway		
☐ Heavy Duty (Universal Tray) ☐ Deluxe (center ar		d side trays)	☐ Scooter Cover		
	☐ Power Chair (2 wid	de side trays)	□ P	ower Chair C	Cover
☐ Power Chair Deluxe (center and wide side trays)					
☐ Universal (Only available on HD)					