

Explorer Mini

permobil



The Explorer Mini is a prescription only medical device. User must not exceed 35 lbs or 39" tall.

Dealer Information

* **Contact:** _____
Dealer Code: _____
* **Dealer Name:** _____
Address: _____
* **City:** _____
* **Province/Postal Code:** _____
* **Phone#:** _____
* **Fax#:** _____
PO#: _____
Email Address: _____

Client Information

* **First Name:** _____
* **Last Name:** _____
Diagnosis: _____
Funding Source: _____

Client Measurements

* **Weight:** _____
* **Height:** _____

Explorer Mini

Part Number	Description	MSRP - CAD
<input checked="" type="checkbox"/> 108237-99-0	Explorer Mini Price Includes: FWD power base, nVR2 joystick, tray table with magnetic top and integrated back support with cushion, removable seat, 2 x 12V (5Ah) V AGM batteries, charger, and decorative sticker kits. Max Speed = 1.5MPH, Weight Capacity = 35lbs. Max User Height = 39"	\$4090.00

Three column pricing on order/quote:

Please send order/quote to fax#: (800) 231-3256
Email to: sales@permobil.com

Permobil Ltd.
12 - 75 Mary St.
Aurora, Ontario
L4G 1G3
Tel: (800) 736-0925
Fax: (800) 231-3256
www.permobil.com

Prices effective **October 1, 2022** and payable in Canadian dollars.

Notes & Additional Instructions:

Chair Order Policy:

You are highly encouraged to contact Permobil Sales with ANY questions regarding proper completion of our order forms at 1-800-736-0925. The order cannot be processed without the following:

- A client name or code, the client's measurements, the client's weight
- The order form must also be signed by a person authorized by your company to acknowledge the items selected. Permobil, LTD. is not responsible for configuration or size discrepancies resulting from customer errors on the order form.
- Order confirmations will be provided by Permobil summarizing the items selected. Please review this carefully.
- Once the order is shipped, any changes are subject to the returns policy and may be prohibited.

Order Acknowledgement:

I, _____, am an agent of the medical equipment provider named on this order form and I have the authority to contract for the purchase of powered wheelchairs and related parts on behalf of said provider. I acknowledge that I have reviewed this order and that it is complete and accurate to the best of my knowledge. I further acknowledge that any changes to this order after submission of this order form are subject to the returns policy and may carry additional charges.

Signed: _____

Printed Name: _____

Title: _____

Date: _____

NOTE: All specifications and prices are subject to change without notice. Please note that prices displayed are only valid if ordered with the wheelchair. Any parts ordered for service or future alterations will carry different pricing and warranty.