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Ordered By: \_\_\_\_\_ Clinician/ATP/RTS: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Acct. Number: \_\_\_\_\_ PO Number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_ Marked For: \_\_\_\_\_

Ship to: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Lift Gate:  Yes  No

DME providers are responsible for determining appropriate billing codes when submitting for insurance reimbursement. HCPCS codes should not be considered legal advice. All prices are MSRP.

## Flagship (889XLSN)

BASE MODEL		SEATING	
DESCRIPTION	PRICE	DESCRIPTION	
<input type="checkbox"/> Flagship	\$20,450.00	<input type="checkbox"/> SV201820RB - 20"W x 18"D Capt. Seat (Std Seat)	
MODEL COLOR		ACCESSORIES	
DESCRIPTION		DESCRIPTION	MSRP
<input type="checkbox"/> Red		<input type="checkbox"/> Rear Basket without Cover	\$250.00
<input type="checkbox"/> Blue		<input type="checkbox"/> Lock Box with Cover	\$300.00
		<input type="checkbox"/> Side Mirror	\$60.00
		<input type="checkbox"/> Safety Belt	\$40.00
BATTERY CHARGER			
DESCRIPTION			
8 Amp Off-Board	Std/Incl		
BATTERY			
DESCRIPTION			
12V 75Ah Batteries	Std/Incl		