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Ordered By: _____ Clinician/ATP/RTS: _____ Phone Number: _____
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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"/> 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