



BellevueHealthcare

Purchase Date _____

Golden Liftchair Type and

Chair In Stock?

Delivery / Pick up

Model No: _____ YES NO Date _____

Serial NO: _____ If NO, Date ordered _____

Liftchair Agreement

- Special order Liftchairs must be paid in full prior to ordering and are subject to a 15% restocking fee for undelivered orders.
- All liftchair sales are considered final ten (10) days after delivery or pick-up.
- Liftchairs returned within the first ten (10) days will be subject to a rental charge (\$300), delivery and/or pick up charge if applicable (\$25 each way). Special order liftchairs will also incur the 15% re-stocking fee in addition to rental and pick-up charge.
- Liftchairs may be exchanged within ten (10) days of delivery for a current in stock liftchair. Exchanges are subject to a \$100 exchange fee, and delivery/pick-up charges, as well as any upgrade charges that may apply. After an exchange the sale is considered final, and no returns or exchanges will be allowed.
- Liftchairs must be in new condition in order to be returned or exchanged and are subject to inspection by Bellevue Healthcare staff before returns/ exchanges are permitted.
- Defects must be reported to Bellevue Healthcare within 48 hours of delivery.

Warranty Information

- All Golden Tech Lift chairs purchased after Feb. 1 2012 will have a 1 year labor warranty included in the purchase price. This warranty will cover labor charges for warranty repairs.
- Additional years of labor coverage are available to purchase separately, ask a sales person for information
- Golden Tech lift chairs all carry a manufacture warranty, please refer to your warranty materials for specific warranty information.
- Be sure to register your Golden Tech lift chair to begin coverage.
- Bellevue Healthcare can help with basic warranty or labor issues, please be advised that a service charge will apply for all house calls (\$65 per hour, 1 hr. min.), warranty and non-warranty chairs included.

I have read and agree to be bound by the terms outlined above.

Name: _____

Signature: _____

Date: _____

Employee Name: _____

Date: _____