

Spec Sheet For Multi Lift

AU Invoice Number _____ (to be filled in by AU)
Company Name _____ Dealer Number _____
Contact Person _____

Client Information

Gender _____ Height _____ Weight _____ Other Considerations _____

Multi-Lift Application A Pillar ☐ B-Pillar ☐ ***Home ☐ Number of Brackets: Wall _____ Floor _____
Driver Side ☐ Passenger Side ☐ *** Please supply separate sheets with diagrams and measurements of all rooms to be made accessible

Vehicle Information

Vehicle Year _____
Vehicle Make _____
Vehicle Model _____ Body Style _____

Comments _____

Signature _____ Date: _____

Title _____

FOR Scooter/Wheelchair lift ONLY
Make _____
Model _____

Please Return To Access Unlimited Via return fax (607)669-4595

IMPORTANT !!!!! Orders will not be placed into production until spec sheet is returned
All sales are final