



Phone: 206-362-0248
 Fax: 206-274-4921

13000 Linden Ave. N., #102
 Seattle, WA 98133

Customer Purchase Agreement

Patient Name _____
Please print

Billing Address _____ **Delivery / Shipping Address** _____

_____ city _____ state _____ zip _____ city _____ state _____ zip

Phone (____) _____ **Home** (____) _____ **Work** (____) _____ **Cell**

Email _____

Briefly describe the injury, surgery, or illness? _____

Patient's Doctor _____ **City and State** _____

Right or Left leg? _____ **Height** _____ **Weight** _____ **Prescription Provided?** Yes ___ No ___

Please select product you wish to purchase:

Free Spirit Knee Scooter: _____ @ \$495, plus applicable tax, delivery and/or shipping costs

TLC Knee Scooter: _____ @ \$595, plus applicable tax, delivery and/or shipping costs

Voyager Seated Scooter: _____ @ \$595, plus applicable tax, delivery and/or shipping costs

I have received / or been offered a copy of A Leg Up, LLC's HIPAA Privacy Notice.

I understand that it is my responsibility to follow the manufacturer's instructions for operation and safety of the scooter, and to use common sense. A Leg Up, LLC assumes no liability for any injury or damages arising from the use or misuse of this product. If I have questions, I will contact A Leg Up (206-362-0248) for advice and assistance.

_____ signature

_____ date

Scooter Model #	Price	Payment Method
_____	_____	Credit _____
	Other _____	Check _____
	Tax _____	Cash _____
	Shipping _____	PayPal _____
	Total Due _____	