



BellevueHealthcare

Patient Name: _____ PID: _____ SO# _____

Purchase Date _____ Delivery / Pick up Date _____

Golden Lift Chair Model No: _____ Serial NO: _____

Lift Chair Agreement

- Special order Lift Chairs must be paid in full prior to ordering and are subject to a 15% restocking fee for undelivered orders.
- All lift chair sales are considered final ten (10) days after delivery or in-store pick-up.
- Lift Chairs returned within the first ten (10) days will be subject to a rental charge (\$300), delivery and/or pick up charge if applicable (\$50 each way). Special order lift chairs will also incur the 15% restocking fee in addition to rental and pick-up charge.
- Lift Chairs may be exchanged within ten (10) days of delivery for a current in stock lift chair. 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.
- Lift Chairs 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 and parts warranty included in the purchase price. This warranty will cover labor charges for warranty repairs. All warranty service will be provided through Golden Tech.
- Golden Tech lift chairs all carry a manufacturer's 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 facilitate starting the warranty service with Golden Tech by providing Lift Chair SN/Model to GT. Bellevue Healthcare will not provide any warranty services directly. All warranty diagnostics and repairs in home must be serviced and coordinated through Golden Technologies.

GT Lift Chair Tech Support: 800-624-6374 option 3 or ext. 502

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

Name: _____

Signature: _____

Date: _____

Employee Name: _____

Date: _____