



Minnesota

Blaine

Bloomington

Duluth

Wisconsin

Appleton

Ohio

Cleveland

Call toll free (888) 815-4387 or visit arrowlift.com



1/15/24 (price valid for 30 days)

Arrow Lift will provide & install the following at Stanley-Boyd School Dist.- Stanley, WI.

<u>Model/Equipment</u>	<u>Features</u>	<u>Size</u>	<u>Warranty</u> <u>Labor/Parts</u>
Arrow Lift, Symmetry	Constant-Pressure Controls	42"x 54" Platform	1yr /4 yrs
Shaft way Wheelchair Lift	Standard Color, Ivory	750# Capacity	
2 Stops- FS Screw Drive (20fpm)	3" pitted application		
Pass through Configuration	(1) 6'8" Steel doors- Lower	(1) 42" steel gate- Upper	
Model VPC SL 42	(2) Mid Mount power door operators		
	ADA phone		
	State permit		
	Emergency battery backup		
	Service plan included- Year 1		
	Removal and disposal of existing lift		

Total: \$29,959.00 (includes, freight, permit, installation)

Option (initial to accept)

Accept

Terms: 25% down, 35% upon production, 30% upon delivery & 10% upon completion.

Purchaser agrees to pay reasonable costs, including attorney's fees, if Arrow Lift Accessibility Co, Inc. is required to enforce any provision of this agreement.

**LIEN NOTICE**

**AS REQUIRED BY THE WISCONSIN CONSTRUCTION LIEN LAW, CLAIMANT HEREBY NOTIFIES OWNER THAT PERSONS OR COMPANIES PERFORMING, FURNISHING, OR PROCURING LABOR , SERVICES, MATERIALS, PLANS, OR SPECIFICATIONS FOR THE CONSTRUCTION ON OWNER'S LAND MAY HAVE LIEN RIGHTS ON OWNER'S LAND AND BUILDINGS IF NOT PAID. THOSE ENTITLED TO LIEN RIGHTS, IN ADDITION TO THE UNDERSIGNED CLAIMANT, ARE THOSE WHO CONTRACT DIRECTLY WITH THE OWNER OR THOSE WHO GIVE THE OWNER NOTICE WITHIN 60 DAYS AFTER THEY FIRST PERFORM, FURNISH, OR PROCURE LABOR , SERVICES, MATERIALS, PLANS OR SPECIFICATIONS FOR THE CONSTRUCTION. ACCORDINGLY, OWNER PROBABLY WILL RECEIVE NOTICES FROM THOSE WHO PERFORM, FURNISH, OR PROCURE LABOR , SERVICES, MATERIALS, PLANS, OR SPECIFICATIONS FOR THE CONSTRUCTION, AND SHOULD GIVE A COPY OF EACH NOTICE RECEIVED TO THE MORTGAGE LENDER, IF ANY. CLAIMANT AGREES TO COOPERATE WITH THE OWNER AND THE OWNER'S LENDER, IF ANY, TO SEE THAT ALL POTENTIAL LIEN CLAIMANTS ARE DULY PAID.**

**X** \_\_\_\_\_ Acceptance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Authorized Signature  
 Company Name: \_\_\_\_\_ Ph: \_\_\_\_\_  
 Purchaser: \_\_\_\_\_ Ph: \_\_\_\_\_  
 Print Name  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Installation Address (if different from mailing address)  
 Name: \_\_\_\_\_ Ph: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Arrow Lift Sales Representative