

REFERRAL FORM

Company Name: _____ Account #: _____
 City: _____ State / Zip: _____
 Contact Person: _____
 Tel: _____ Ext: _____
 Email: _____ Website: _____

Types of ramps you will service: *Check all that apply.*

- Armada System Quick Ramp System Mini Ramps A*COM System

What territory do you cover? _____

- Do you do on site evaluations? Yes No
 Would you install if required? Yes No
 Would you rent ramping? Yes No Maybe
 Do you have a retail store front? Yes No

Who do you currently sell ramping to now? *Check all that apply.*

- Retail Private Insurance Veterans Administration Schools
 Medicare/Medicaid State program Federal program Other

Comments: _____

Occasionally, we receive phone calls from retail customers inquiring about sources for ramping products. It is our policy to refer these customers to our dealers in their area using a zip code search process. To better serve both you the dealers and the customers calling we are asking all dealers who would like to receive these references to fill out the form above and fax it to us. This will help us to better qualify the leads and point potential customers in the right direction.

Please Fax Back to 1.800.753.7267