

Fast Track

Contractor Profile- Mobility

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E-mail: fasttrack@stopsinc.com

www.stopsfasttrack.com



Company Name:			
Person to Contact:			
Address:		City/State:	
		Zip:	
Phone:	Fax:		E-mail:
Cell:			
Business License Number: (Attach copy)		State License Number: (Attach copy)	
Insurance Carrier:		Liability Limits:	
Carrier's Phone:			
Worker's Comp. Coverage: Yes ___ No ___		Bonded: Yes ___ No ___	
Number of Employees: _____			
Workers Comp. Exempt: Yes ___ No ___ If yes, must attach copy of exemption certificate			
Service Area:			
Years in business/Years of experience:			
Are you a member of NMEDA?		QAP certified?	

Please list specific areas of expertise and any special licenses or certificates **(attach copy)**:

Please check products/services provided:

Wheelchair/Scooter Lifts	___ —	Transfer Seats	___
Stair Lifts	___ —	Hand Controls	___
Platform Lifts	___ —	Left Foot Accelerators	___
Seat Lifts	___ —	Raised Roofs	___
New/Used Vans	___ —	Lowered Floors	___
Vehicle Ramps	___ —	Home Ramps	___

Wheelchairs	_____	Scooters	_____
Lift Chairs	_____	Adjustable Beds	_____
Patient Lifts	_____	Other :	_____

Equipment rentals (if applicable, please specify items, terms):

Please list a reference from...

Recent Job: Contact's Name:
 Contact's Phone Number:
 Service Provided:

Job from 3 years ago: Contact's Name:
 Contact's Phone Number:
 Service Provided:

We require the following information to be included in all quotes:

Product/Equipment description
 Labor
 Materials
 Freight (if applicable)

Detailed assessment/evaluation providing support for product/equipment selection and assignment specifics.

For assignments that involve structural changes to the dwelling, lift installations or permanent ramps: include photos and/or drawings detailing the area to be modified.

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