

SOUTHEAST ELEVATOR, INC.

811 EDWARDS ROAD FORT PIERCE, FL 34982
PHONE 772-461-0030 FAX 772-461-9008
www.seelevator.com

December 15, 2015

Continental Associates, Inc.
P.O. 33843
Indialantic, FL 32903
Phone: 772.913.2520
Email: doug@continentalassoc.com

RE: Wheelchair lift

Dear Doug,

Thank you for your recent inquiry about our wheelchair lifts. After reviewing the information you provided, we propose the following:

One (1) Savaria V1504 wheelchair lift, in accordance with the following features:

- 1) 750lbs capacity, Hydraulic operation, Speed 20 feet per minute, outdoor package
- 2) Emergency stop switch, emergency light and alarm
- 3) Standard 36" x 54" platform
- 4) Travel up to 120" with full enclosure with clear plexi, dome and forced air ventilation
- 5) Three wall cab, with in-line openings
- 6) Full height bottom floor door with interlock
- 7) Full height upper floor door with interlock
- 8) Keyless call/send controls at landings mounted in door frames
- 9) Standard beige color for lift tower and enclosure
- 9) **36 month parts warranty**, one year labor
- 10) Permits and State inspection included

WORK AND MATERIALS BY OTHERS:

- 1) Concrete slab as per shop drawings
- 2) 115VAC single phase, 20 amp power supply with fused disconnect to lift location
- 3) Lobby lighting as required by code

We will provide and install a two (2) level Savaria 1504, as described above, for the sum of Twenty Seven thousand dollars (\$27,000.00). This price does not include items outlined as WORK AND MATERIALS BY OTHERS. Delivery time is approximately 6 to 8 weeks from time of approved shop drawings.

TERMS: Forty percent deposit, twenty-five percent after rough-in, twenty-five percent after cab & wiring, balance upon completion.

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INSURANCE: If you require additional limits of coverage that exceed our standard limits and/or waivers of subrogation that incur a cost to this Provider, those costs will be added to the total cost of the contract via a change order.

I AUTHORIZE SOUTHEAST ELEVATOR, INC. (HEREINAFTER S.E., INC.) TO PERFORM WORK AS OUTLINED HEREIN FOR THE SUM OF \$27,000.00. I HAVE READ THE TERMS AND AGREE TO PAY THE SUM ACCORDING TO THE ABOVE SCHEDULE AND FURTHER AGREE THAT IF THIS CONTRACT IS NOT PAID IN FULL ACCORDING TO THE TERMS HEREIN, THE PURCHASER SHALL BE RESPONSIBLE FOR ANY COLLECTION COSTS, ATTORNEY FEES AND COURT COSTS CONNECTED THEREWITH. IN THE EVENT THE PURCHASER HEREBY NOTIFIES S.E., INC. THAT IT WISHES TO CANCEL THIS AGREEMENT THROUGH NO FAULT OF S.E., INC. THEN ANY DEPOSITS, ESCROWS OR PAYMENTS MADE BY THE PURCHASER TO S.E., INC. SHALL BE FORFEITED AS A RESULT OF LOST SAID WORK. PURCHASER AGREES THAT MATERIALS ACCEPTED AND INSTALLED IN THE DWELLING BECOME THE RESPONSIBILITY AND LIABILITY OF THE PURCHASER.

AUTHORIZED SIGNATURE: _____ PRINT: _____

TITLE: _____ DATE: _____

PURCHASER'S ADDRESS: _____

PHONE: _____ FAX: _____ CELL: _____

EMAIL: _____

JOBSITE ADDRESS: _____

_____ SUPERVISOR: _____ CELL: _____

DEVELOPMENT NAME, IF ANY: _____

Respectfully submitted,

Charles S. McGee
President

DATE