



# Lead Program Registration Form

## Savaria Corporation

Operating as Silver Cross®  
2 Walker Drive, Brampton, ON L6T 5E1 Canada

### Terms and Conditions

*Note: Most affiliates have been part of our lead system for over 6 years and tend to be the major accessibility companies in their trading area. Our leads represent one of the most important sources of their business.*

If Silver Cross® sends us leads then I agree to pay for the leads at a current price of \$35 per lead (subject to change with notice).

I understand that Silver Cross® may forward to me any comments from the customer to assist me in making the sale. I will service the leads to the highest standard of customer service. I understand that I am required to provide feedback on each lead.

I understand that I must give Silver Cross® 48 hours notice by fax or e-mail if I decide to opt out of the Silver Cross® lead system.

Silver Cross® reserves the right to cancel this agreement without notice. Lead areas are determined at the sole discretion of Silver Cross®. This form replaces all previous forms which are hereby terminated, null and void.

### Product Information

I authorize Silver Cross® to charge my credit card indicated below \$35 US per lead for the following products:

- |   |                 |                            |                           |
|---|-----------------|----------------------------|---------------------------|
| Wheelchair                                | Wheelchair Lift | Incline Lift               | Curved Incline Lift       |
| Stair Lift                                | Patient Lift    | Ceiling Lift               | Power Chair               |
| Home Elevator                             | LU/LA Elevator  | Dumbwaiter                 | Door Opener               |
| Walk-In Tub                               | Roll-In Shower  | Scooter                    | Wheelchair Accessible Van |
| Commercial Installations for All Products |                 | Commercial Wheelchair Lift |                           |

### Dealer Information

Geographic area(s) you cover: \_\_\_\_\_

Dealer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Authorization

I agree to the above terms.

Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

**Fax back this form to Silver Cross® at 905-847-6042.**  
Call Deborah Baker at 1-800-572-9310 if you have any questions.