

OPTION TO PURCHASE (OTP) REQUEST

Client Name: __

Date of Request: __

Important Considerations for OTP Process

- Client/funder is responsible for costs of maintenance, replacement parts and repairs for OTP items purchased through our program, if warranty no longer applies.
- Client/funder must pay for the OTP items prior to MWP ordering the chair as all items will then be configured at the manufacturer's side to have items come "on-chair". This may slow down the overall process of obtaining a wheelchair/powerchair through our program.
- Only items listed on the order forms **specific** to our contracted manufacturers will be eligible for this OTP process (for example: cushions/backrests specific to that wheelchair manufacturer).
- If client already has an existing wheelchair through our program, OTP items should be redirected to a local vendor, except for requests to retrofit power actuators onto a power chair.
- If seating components are requested to come on-chair, a technician can be scheduled ahead of time to assist with installation if needed.
- If the wheelchair is no longer required, clients can remove the OTP items off the chair as it belongs to them or choose to donate the items to MWP.

FUNDER INFORMATION

Client OR Funder Name:		 Send quote and invoice to same Specify if different:
ADDRESS/FACILITY	CITY	POSTAL CODE
EMAIL	PHONE	FAX
OTP ITEMS REQUESTED		
Make and Model of Wheelcha	ir Requested:	
Please ensure MWP Wheelchair Ap	plication and Wheelchair O	rder Forms accompany this request.
	Client's Consent to	OTP Request and Process:
Printed		
Name:	Signature:	