



**NATIONAL MOBILITY EQUIPMENT DEALERS ASSOCIATION
QUALITY ASSURANCE PROGRAM
APPENDIX A
NMEDA SERVICE AGREEMENT**

Selling Location Name	City, State/Province, Zip
Vehicle Year/Make/Model	VIN
Customer Name	City, State/Province, Zip

Instructions: Complete only one of the two Parts (A or B). Check which part applies and have customer sign.

PART A – The NMEDA QAP accredited service location listed below agrees to service the mobility equipment installed by the selling location shown on this form in accordance with the NMEDA QAP Rules.

Servicing Location Name	Phone
City, State/Province, Zip	

PART B – One of the three conditions outlined below are true. Place a check mark in the box to indicate which of the three conditions apply and complete the form as necessary. At least one box (1-3) must be checked and Customer Acknowledgement must be signed.

- (1) There is no QAP accredited location within 100 miles (160 km) or 2hr driving distance from the customers location (without crossing international borders). The closest QAP accredited location is approximately ____ mi/km or ____ hours driving distance from the customer’s location.
- (2) None of the accredited locations contacted** have technician(s) certified to repair/service all of the mobility equipment installed by the selling location.
- (3) None of the accredited locations contacted** agrees to service the mobility equipment installed.

****Note:** If box (2) or (3) are checked, the selling location must contact a minimum of four QAP accredited locations in the customer’s area and list them on this form. Additional note: there may be more than four locations in the customers’ area, not all may have been contacted, if there are less than four locations in the customers’ area, all shall be contacted and listed.

List all NMEDA QAP Accredited Locations Contacted (does not apply if Part A, or B (1) is checked):

Location Name:	City, State/Province, Zip	Date Contacted:	Name of Person Contacted:

Customer Acknowledgment

I _____ understand that this vehicle/equipment is being delivered outside of the selling location’s service area, or that there is no QAP accredited location, or none capable, or none in mutual agreement to perform servicing on my vehicle. By signing below, I acknowledge that I am the one with primary responsibility for this vehicle and that I am waiving the selling location’s obligation to provide 24/7 Emergency Service as outlined in the NMEDA QAP rules effective on the date signed. Furthermore, I understand that I will be responsible for the costs of transporting the vehicle to the selling location or any other service location of my choosing if repairs, routine maintenance, or service are required.

Selling Location Signature	Date	Additional Comments:
Customer Signature	Date	
Servicing Location Signature (Part A only)	Date	