

# ***UltraLITE* Graphite Mobility Cane Refurbishing and Repair Service**



Keep for future reference

## **Keep your *UltraLITE* graphite mobility cane working like new**

**T**hank you for purchasing an AmbuTech ***UltraLITE*** Graphite Mobility Cane. Your AmbuTech Cane is the finest mobility cane available, and will provide you with long, dependable service.

The life expectancy of graphite mobility canes may be reduced by rough use. To extend the life of high-use canes we offer a refurbishing and repair service for your AmbuTech Cane. For a nominal fee of \$19.00,

(\$25.00 dollars for a graphite cane with Roller Tip) your cane will be completely refitted to it's original feel and appearance.

A repair order is on the reverse side.

If you have any questions or comments:  
phone 1-800-561-3340 or (204) 663-3340,  
fax 1-800-267-5059 or (204) 663-9345.  
e-mail: [orders@ambutech.com](mailto:orders@ambutech.com)  
<http://www.ambutech.com>

## Request for Repair

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

**Repair requested on the enclosed AmbuTech Mobility Cane(s):**

\_\_\_\_\_

\_\_\_\_\_

Total number of canes \_\_\_\_\_

@ \$19.00 per cane \_\_\_\_\_

(\$25.00 for roller tip cane) \_\_\_\_\_

Shipping and handling \_\_\_\_\_

\$8.50

**Total** \_\_\_\_\_

**Please ship cane(s), with this form prepaid to:**

Enclose check, money order or pay by credit card

VISA / MC # \_\_\_\_\_ Expires \_\_\_\_\_

Ambutech  
401 - 27th Street North  
Fargo, ND 58102



### **UltraLITE Graphite Mobility Cane Refurbishing and Repair Service**

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### **Free Matter For the Blind:**

Canes may be mailed as free matter for the blind if a competent authority has certified in writing that the individual is unable to read conventional reading material. A competent authority includes a licensed medical doctor, ophthalmologist, optometrist, registered nurse, or professional staff member of a hospital or other institution or agency. The statement is to be submitted to the post office where postage-free mailings will be made or received by the blind or visually handicapped person. The person is then considered eligible to use the free mailing privilege.