



# NMEDA QAP SERVICING AGREEMENT FORM



Selling Dealer 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 the part that applies and have customer sign.

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

Servicing Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

City, State/Province, Zip \_\_\_\_\_ Customer Signature \_\_\_\_\_

**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 NMEDA QAP accredited facilities within 100 miles (160 km) or 2hr driving distance from the customers location (without crossing international borders). The closest NMEDA QAP accredited facility is approximately \_\_\_\_\_ mi/km or \_\_\_\_\_ hours driving distance from the customer’s location.

(2) None of the accredited facilities contacted\*\* have technician(s) certified to repair/service all of the mobility equipment installed by the selling dealer.

(3) None of the accredited facilities contacted\*\* agrees to service the mobility equipment installed.

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

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

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

**Customer Acknowledgement (Part B only)**

I \_\_\_\_\_ understand that this vehicle is being delivered outside of the selling dealer’s service area, and that there is no NMEDA QAP accredited facility, 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 dealers’ obligation to provide 24/7 Emergency Service as outlined in the NMEDA QAP membership rules effective on the date signed. Furthermore, I understand that I will be responsible for the costs of transporting the vehicle to the selling dealer or any other service facility of my choosing if repairs, routine maintenance, or service are required.

Selling Dealer Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Servicing Facility Signature (Part A only) \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments: