



# Mercedes-Benz APPLICATION FORM

(See 2021 Mobility Program Guidelines for eligibility and required documentation.)

**Required documents for reimbursement approval:**

- Completed application form submitted by customer
- Copy of itemized invoice and receipt of payment from adaptive equipment company
- Copy of vehicle registration
- Copy of physician's prescription (if an individual customer) or state business license/permit

Vehicle ID Number

Please follow the application instructions carefully and be sure that all sections of this form are completed before mailing to Mercedes-Benz Customer Assistance Center.

**VEHICLE OWNER INFORMATION**

(Please print or type)

Name

Address

City  State  ZIP

Daytime Telephone Number

Customer Signature <b>X</b>	Date <b>X</b>
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**DEALERSHIP VALIDATION**

(Must be completed by an authorized Mercedes-Benz USA Commercial Vehicle or Freightliner Sprinter dealership)

Dealer Name

Telephone Number  Retail Delivery Date  /  /   
Month Day Year

I verify that the above vehicle has had the adaptive equipment installed as described on the attached receipt (s).

Dealer Authorized Signature <b>X</b>	Printed Name <b>X</b>	Title <b>X</b>	Date <b>X</b>
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Note: A copy of the paid receipt (s) detailing the adaptive equipment and costs must be attached to this claim form.

**ADAPTIVE EQUIPMENT COMPANY**

Name

Address

City  State  ZIP

Daytime Telephone Number

Total cost of adaptive equipment and installation: \$ \_\_\_\_\_



Mercedes-Benz

## PROGRAM GUIDELINES

Through this program, Mercedes-Benz USA, LLC will provide a reimbursement to eligible customers who install qualifying adaptive driver or passenger equipment on a purchased or leased new Mercedes-Benz vehicle during the program period which may be discontinued by MBUSA at its discretion.

1. This program applies to vehicles sold or leased and delivered through an authorized U.S. MB dealer on which adaptive equipment has been installed by an NMEDA certified mobility installer. Please visit [www.NMEDA.com](http://www.NMEDA.com) for a list of approved mobility control equipment installers.

2. The adaptive equipment must be installed within six months of new vehicle purchase or lease. An application form with all required supporting documentation must be submitted to the Customer Assistance Center within 60 days of complete installation of adaptive equipment. Note that all adaptations must have medical documentation.

3. Adaptive equipment is defined as equipment that is required by persons with a permanent disability to drive, enter, exit and/or be transported safely in a Mercedes-Benz motor vehicle. Factory-optional equipment is not reimbursable under this program. A prescription or note from a licensed medical doctor on physician's letterhead with a specific diagnosis is required for reimbursement.

4. Conversions to all new or Certified Pre-Owned Mercedes-Benz passenger vehicles qualify for reimbursement up to a maximum of \$1000.

5. The application form must be completed in its entirety along with all required documentation and signed by the customer and dealership.

6. Mercedes-Benz USA, LLC will be the final judge as to the eligibility, interpretation and fulfillment of all elements of this program. Any payment or benefits received are subject to the Program Guidelines. Payments made by Mercedes-Benz USA, LLC hereafter constitute good will reimbursements to assist new Mercedes-Benz purchasers with the installation of special need mobility equipment and such payment does not represent any approval of the equipment or installation method or otherwise constitute a representation or warranty regarding the fitness, quality, appropriateness, effectiveness or suitability for use with Mercedes-Benz products or any other warranty of any type with respect to the equipment or its installation.

7. A copy of the application form, a copy of the adaptive equipment company's itemized paid invoice, copy of the receipt of payment, vehicle registration and a prescription or note from a licensed medical doctor on physician's letterhead stating the specific diagnosis (when required) must be mailed to the following address:

**CUSTOMER ASSISTANCE CENTER  
1 MERCEDES-BENZ DR.  
SANDY SPRINGS, GA 30328**

Customer is responsible for submitting this application. Payment to the individual customer will be mailed within six to eight weeks after receipt of an **approved** claim form and all required documentation.

**PLEASE CALL CUSTOMER ASSISTANCE CENTER WITH ANY QUESTIONS: 1-800-FOR-MERCEdes**