

Sales Account Manager

TODD TAYLOR
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Cell: 407-415-5058

Remit to:

Stryker Medical
P.O. Box 93308
Chicago, IL 60673-3308

End User Shipping Address

1182350
INDIAN RIVER COUNTY EMS
3620 49TH ST
VERO BEACH, FL 32967-6305

Shipping Address

1182350
INDIAN RIVER COUNTY EMS
3620 49TH ST
VERO BEACH, FL 32967-6305

Billing Address

1109857
INDIAN RIVER CNTY FIRE DIST EMS
1800 27TH ST
BLDG B
VERO BEACH, FL 32960-3365

Customer Contact	Ref Number	Date	PO Number	Reference Field	Quote Type
	6269166	01/11/2018	QUOTE		BUDGET QUOTE

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
1.00	4	Power-PRO XT	6506000000	\$17,611.72	\$70,446.88	
		Options				
	4	Power-PRO XT	6506000000	\$19,611.72	\$78,446.88	
	4	Dual Wheel Lock	6086602010			
	4	PR Cot Retaining Post	6085033000			
	4	Power Pro Standard Components	6506026000			
	4	XPS Option	6506040000			
	4	No Runner/HE O2	0054200994			
	4	Equipment Hook	6500147000			
	4	6506 PWR-LOAD/PERF-LOAD OPTION	6506034002			
	4	Knee-Gatch/Trendelenburg	6500082000			
	4	No HE Section O2 Bottle	6506036000			
	4	Base Storage Net	6500160000			
	4	Pocketed Back Rest Pouch	6500130000			
	4	Head End Storage Flat	6500128000			
	4	Fowler O2 Bottle Holder	6500241000			
	4	English Manual	6506600000			
	4	120V AC SMRT Charging Kit	6500028000			
	4	J Hook	6092036018			
	4	XPS Knee Gatch Bolster Matrss	6500003130			
	4	Steer Lock Option	6506038000			
	4	3 YR X-Frame Powertrain Wrnty	7777881669			
	4	2 Yr Bumper to Bumper Warranty	7777881670			
	4	DOM SHIP (NOT HI, AK, PR, GM)	0054030000			
	4	3 Stage IV Pole PR Option	6500315000			
	4	X-RESTRAINT PACKAGE	6500001430			
	4	STANDARD FOWLER	6506012003			
	4	Discount	9999999912	(\$2,000.00)	(\$8,000.00)	

Note:

Product Total	\$70,446.88
Freight	\$0.00
Tax	\$0.00
Total Incl Tax & Freight	\$70,446.88

Signature: _____ Title/Position: _____ Date: _____

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule.

Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency.

Terms: Net 30 Days. FOB origin. A copy of Stryker Medical's standard terms and conditions can be obtained by calling Stryker Medical's Customer Service at 1-800-STRYKER.

Cancellation and Return Policy: In the event of damaged or defective shipments, please notify Stryker within 30 days and we will remedy the situation. Cancellation of orders must be received 30 days prior to the agreed upon delivery date. If the order is cancelled within the 30 day window, a fee of 25% of the total purchase order price and return shipping charges will apply.

QUOTE REQUIRES APPROVAL