



# 1 YEAR PREVENT

Quote Number: 11049163

Version: 1

Prepared For: CITY OF GREENFIELD FIRE DEPT  
Attn:

Rep: Zac Jordan

Email:

Phone Number:

GPO: EMS

Service Rep:

Quote Date: 01/14/2025

Email:

Expiration Date: 01/04/2024

Contract Start: 01/24/2025

Contract End: 01/23/2026

Delivery Address		Sold To - Shipping		Bill To Account	
Name:	CITY OF GREENFIELD FIRE DEPT	Name:	CITY OF GREENFIELD FIRE DEPT	Name:	CITY OF GREENFIELD FIRE DEPT
Account #:	20127076	Account #:	20127076	Account #:	20127076
Address:	17 W S ST GREENFIELD Indiana 46140-2328	Address:	17 W S ST GREENFIELD Indiana 46140-2328	Address:	17 W S ST GREENFIELD Indiana 46140-2328

### ProCare Products:

#	Product	Description	Months	Qty	Sell Price	Total
1.0	POWERPRO-PROCARE	PROCARE-SVC-POWERPRO Parts, Labor, Travel Preventative Maintenance Batteries Service	12	3	\$1,407.60	\$4,222.80
2.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER-LOAD Parts, Labor, Travel Preventative Maintenance	12	4	\$1,713.60	\$6,854.40
ProCare Total:						\$11,077.20

### Price Totals:

\_\_\_\_\_  
Authorized Customer Signer (Printed)      Date

\_\_\_\_\_  
Stryker Authorized Signature (Printed)      Date



## Equipment Service Plan

Line Item #	Model	Serial #
1.0	PROCARE-SVC-POWERPRO	2112020600074
1.0	PROCARE-SVC-POWERPRO	2201020600020
1.0	PROCARE-SVC-POWERPRO	2212020600006
2.0	PROCARE-SVC-POWER-LOAD	2002012400399
2.0	PROCARE-SVC-POWER-LOAD	2002012400421
2.0	PROCARE-SVC-POWER-LOAD	2302012400369
2.0	PROCARE-SVC-POWER-LOAD	2302012400084

**Purchase Order Form**



Account Manager \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Purchase Order Date \_\_\_\_\_  
Expected Delivery Date \_\_\_\_\_  
Stryker Quote Number \_\_\_\_\_

Check box if Billing same as Shipping

BILL TO		CUSTOMER #
Billing Account Num		
Company Name		
Contact or Department		
Street Address		
Add'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num		
Company Name		
Contact or Department		
Street Address		
Add'l Address Line		
City, ST ZIP		
Phone		

Authorized Customer Initials \_\_\_\_\_

Authorized Customer Initials \_\_\_\_\_

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE <input type="text"/>	<input type="text"/>	<input type="text"/>

**Accounts Payable Contact Information**

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Stryker Terms and Conditions  
[www.stryker.com/stnc](http://www.stryker.com/stnc)

**Authorized Customer Signature**

Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Attachment Stryker Quote Number

\*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.