



## One Year Prevent

Quote Number: 10829419

Version: 1

Prepared For: CITY OF GREENFIELD FIRE DEPT  
Attn:

Rep: Zac Jordan

Email:

Phone Number:

GPO: EMS

Service Rep:

Quote Date: 12/05/2023

Email:

Expiration Date: 01/04/2024

Contract Start: 01/24/2024

Contract End: 01/23/2025

### Delivery Address

Name: CITY OF GREENFIELD FIRE DEPT  
Account #: 20127076  
Address: 17 W S ST  
GREENFIELD  
Indiana 46140-2328

### Bill To Account

Name: CITY OF GREENFIELD FIRE DEPT  
Account #: 20127076  
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	\$1,279.20	\$3,837.60
2.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER-LOAD Parts, Labor, Travel Preventative Maintenance Batteries Service	12	4	\$1,818.40	\$7,273.60
ProCare Total:						\$11,111.20

### Price Totals:

PROCARE-SVC-POWERPRO	PROCARE-SVC-POWER-LOAD
2112020600074	2002012400399
2201020600020	2002012400421
2212020600006	2302012400369
	2302012400084



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

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

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

\_\_\_\_\_  
Stryker Authorized Signature      Date

\_\_\_\_\_  
Purchase Order Number

**Service Terms and Conditions:**

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at <https://techweb.stryker.com> The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

**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.