



# 1 Year PLT, BATT, PM

Quote Number: 10963754  
 Version: 1  
 Prepared For: HALL COUNTY FIRE RESCUE  
 Attn:

Rep: Preston Willis  
 Email:  
 Phone Number:

GPO: CUSTOMER CONTRACT  
 Quote Date: 08/01/2024  
 Expiration Date: 08/31/2024  
 Contract Start: 09/01/2024  
 Contract End: 08/31/2025

Service Rep: Jonathon Rogers  
 Email:

Delivery Address		Sold To - Shipping		Bill To Account	
Name:	HALL COUNTY FIRE RESCUE	Name:	HALL COUNTY FIRE RESCUE	Name:	HALL COUNTY FIRE RESCUE
Account #:	20021986	Account #:	20021986	Account #:	20021986
Address:	470 CRESCENT DR GAINESVILLE Georgia 30501-5079	Address:	470 CRESCENT DR GAINESVILLE Georgia 30501-5079	Address:	470 CRESCENT DR GAINESVILLE Georgia 30501-5079

### ProCare Products:

#	Product	Description	Months	Qty	Discount %	Sell Price	Total
1.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER-LOAD Parts, Labor, Travel Preventative Maintenance Batteries Service	12	11	20.0%	\$1,818.40	\$20,002.40
2.0	POWERPRO-PROCARE	PROCARE-SVC-POWERPRO Parts, Labor, Travel Preventative Maintenance Batteries Service	12	22	20.0%	\$1,279.20	\$28,142.40
3.0	POWERPRO-PROCARE	PROCARE-SVC-POWERPRO Parts, Labor, Travel Preventative Maintenance Batteries Service	12	5	20.0%	\$1,279.20	\$6,396.00
ProCare Total:							\$54,540.80

### Price Totals:

Grand Total:	\$54,540.80
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Service Rep: Jonathon Rogers  
Email:

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

*Veronica Olan*      8/1/2024  
\_\_\_\_\_  
Stryker Authorized Signature (Printed)      Date

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

*Veronica Olan*      8/1/2024  
\_\_\_\_\_  
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.

## Equipment Service Plan

Line Item #	Model	Serial #
1.0	PROCARE-SVC-POWER-LOAD	2105012400118
1.0	PROCARE-SVC-POWER-LOAD	2105012400103
1.0	PROCARE-SVC-POWER-LOAD	2205012400279
1.0	PROCARE-SVC-POWER-LOAD	2205012400280
1.0	PROCARE-SVC-POWER-LOAD	2205012400281
1.0	PROCARE-SVC-POWER-LOAD	2105012400105
1.0	PROCARE-SVC-POWER-LOAD	1912012400185
1.0	PROCARE-SVC-POWER-LOAD	1912012400170
1.0	PROCARE-SVC-POWER-LOAD	2205012400235
1.0	PROCARE-SVC-POWER-LOAD	2105012400116
1.0	PROCARE-SVC-POWER-LOAD	2105012400119
2.0	PROCARE-SVC-POWERPRO	2004003500205
2.0	PROCARE-SVC-POWERPRO	170441647
2.0	PROCARE-SVC-POWERPRO	170441648
2.0	PROCARE-SVC-POWERPRO	151039525
2.0	PROCARE-SVC-POWERPRO	151039515
2.0	PROCARE-SVC-POWERPRO	170441649
2.0	PROCARE-SVC-POWERPRO	160939586
2.0	PROCARE-SVC-POWERPRO	160939588
2.0	PROCARE-SVC-POWERPRO	170441646
2.0	PROCARE-SVC-POWERPRO	2004003500206
2.0	PROCARE-SVC-POWERPRO	2004003500207
2.0	PROCARE-SVC-POWERPRO	160939587
2.0	PROCARE-SVC-POWERPRO	151039524
2.0	PROCARE-SVC-POWERPRO	151039519
2.0	PROCARE-SVC-POWERPRO	151039529
2.0	PROCARE-SVC-POWERPRO	151039520
2.0	PROCARE-SVC-POWERPRO	160939589
2.0	PROCARE-SVC-POWERPRO	151039516
2.0	PROCARE-SVC-POWERPRO	151039526
2.0	PROCARE-SVC-POWERPRO	151039518
2.0	PROCARE-SVC-POWERPRO	151039523
2.0	PROCARE-SVC-POWERPRO	151039528
3.0	PROCARE-SVC-POWERPRO	2112020600010
3.0	PROCARE-SVC-POWERPRO	2112020600041
3.0	PROCARE-SVC-POWERPRO	2112020600084
3.0	PROCARE-SVC-POWERPRO	2208020700133
3.0	PROCARE-SVC-POWERPRO	2208020700038

**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.