

Sales Rep Name: Zac Jordan  
ProCare Service Rep: Craig Cusenz

3800 E. Centre Ave  
Portage, MI 49009

Date: 1/24/2023  
ID #: 230124144030

**PROCARE PROPOSAL SUBMITTED TO:**

Billing Acc Num:  
Shipping Acct Num: 1150150  
Account Name Greenfield Fire  
Account Address 17 W South St  
City, State Zip Greenfield, IN 46140

Name: RJ Bever  
Title: Division Chief  
Phone: (317) 325-1504  
Email: rjbeaver@greenfieldin.org

**PROCARE COVERAGE**

Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs		Total
1	6506	Power Cots	EMS Prevent	2	1		\$1,690.70
2	6390	Power-LOAD	EMS Prevent	2	1		\$4,040.00

**PROGRAM INCLUDES:****EMS Prevent:**

\*Includes parts, labor, travel  
\*Includes 1 annual PM inspection  
\*Includes unscheduled service  
\*Includes battery replacement  
\*Includes product equipment checklists.  
\*Replacement parts do not include mattresses, and other Disposable or expendable parts.

Unless otherwise stated on contract, payment is expected upfront.

ProCare Total	\$5,730.70
Discount	20%
<b>FINAL TOTAL</b>	<b>\$4,584.56</b>

Start Date: 1/24/2023  
End Date: 1/23/2024

Stryker Signature

Date

Customer Signature

Date

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 Number

**This is not an invoice. A physical invoice will be mailed.**  
**Remit payment to: P.O. Box 93308 Chicago, IL 60673-3308**

**If contract is over \$5,000 please send hard copy PO**

**COMMENTS:**

Please email signed Proposal and Purchase Order to [procarecoordinators@stryker.com](mailto:procarecoordinators@stryker.com).  
All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure.  
\*\*Quote pricing valid for 30 days.

**SERIAL NUMBER SHEET**

Item No.	Model	Serial Number	Program
1	6506	2112020600074	EMS Prevent
2	6506	2201020600020	EMS Prevent
3	6390	2002012400399	EMS Prevent
4	6390	2002012400421	EMS Prevent

## Purchase Order Form



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

Purchase Order Date \_\_\_\_\_  
Expected Delivery Date \_\_\_\_\_  
Stryker Quote Number 230124144030

Check box if Billing same as Shipping ☐

BILL TO		CUSTOMER #
Billing Account Num	0	
Company Name		
Contact or Department		
Street Address		
Addt'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num	1150150	
Company Name	Greenfield Fire	
Contact or Department	RJ Bever	
Street Address	17 W South St	
Addt'l Address Line		
City, ST ZIP	Greenfield, IN 46140	
Phone	(317) 325-1504	

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  
<https://techweb.stryker.com>

### Authorized Customer Signature

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

Attachment Stryker Quote Number 230124144030

\*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.