

Sales Rep Name: Gisel Lepior
ProCare Service Rep: Bobby Machado

3800 E. Centre Ave
Portage, MI 49009

Date: 1/12/2023
ID #: 230112141352

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num:
Shipping Acct Num: 1063541
Account Name City of Hollywood
Account Address 2741 Stirling Road
City, State Zip Hollywood, FL 33312

Name: Michael Maalouf
Title: Lieutenant
Phone: (954) 967-4248
Email: mmaalouf@hollywoodfl.org

PROCARE COVERAGE

Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs		Total
1	6506	Power Cots	EMS Prevent	16	1		\$25,824.00
2	6390	Power-LOAD	EMS Prevent	8	1		\$16,960.00

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.

Semiannual Payments \$18,397.12

See below for complete payment schedule

ProCare Total	\$42,784.00
Discount	14%
FINAL TOTAL	\$36,794.24

Start Date: 3/7/2023
End Date: 3/6/2024

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.
All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure.
**Quote pricing valid for 30 days.

PAYMENT SCHEDULE

<u>Date</u>	<u>Payment</u>		<u>Int Paid</u>	<u>Prin. Remaining</u>		<u>Balance</u>	
Starting Balance						\$	36,794.24
3/1/2023	\$	18,397.12	\$	-	\$	18,397.12	\$
9/1/2023	\$	18,397.12	\$	-	\$	-	\$

SERIAL NUMBER SHEET			
Item No.	Model	Serial Number	Program
1	6506	160340126	EMS Prevent
2	6506	2004003500058	EMS Prevent
3	6506	090940543	EMS Prevent
4	6506	090940544	EMS Prevent
5	6506	090940545	EMS Prevent
6	6506	090940547	EMS Prevent
7	6506	090940549	EMS Prevent
8	6506	140439174	EMS Prevent
9	6506	161239047	EMS Prevent
10	6506	180140665	EMS Prevent
11	6506	161239046	EMS Prevent
12	6506	161239045	EMS Prevent
13	6506	2007003500202	EMS Prevent
14	6506	2004003500059	EMS Prevent
15	6506	2003003500552	EMS Prevent
16	6506	020739105	EMS Prevent
17	6390	161239519	EMS Prevent
18	6390	2003003400060	EMS Prevent
19	6390	161240259	EMS Prevent
20	6390	2003003400059	EMS Prevent
21	6390	161239518	EMS Prevent
22	6390	160340804	EMS Prevent
23	6390	2110003400239	EMS Prevent
24	6390	2110003400240	EMS Prevent

Purchase Order Form



Account Manager

Cell Phone

Purchase Order Date

Expected Delivery Date

Stryker Quote Number

230112141352

Check box if Billing same as Shipping

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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	1063541		
Company Name	City of Hollywood		
Contact or Department	Michael Maalouf		
Street Address	2741 Stirling Road		
Addt'l Address Line			
City, ST ZIP	Hollywood, FL 33312		
Phone	(954) 967-4248		

Authorized Customer Initials

Authorized Customer Initials

DESCRIPTION		QTY	TOTAL
REFERENCE QUOTE			

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

230112141352

*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.