



Sales Rep Name: ProCare Service Rep: Mike Buck

8800 E. Centre Ave Portage, MI 49009

Date: ID #:

3/15/2021 210315153556

DDAC	DE	DDADACAL	SHRMITTED	TO

Billing Acc Num:

Shipping Acct Num: 1109853

Account Name

Riviera Beach Fire Rescue

Account Address City, State Zip

600 Blue Heron Blvd Riviera Beach, FL 33404 Name:

Thomas McCarthy EMS Chief

Title: Phone:

(861) 845-4000

Email:

PROCARE COVERAGE									
Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs		Total		
1	6506	Power Cots	EMS Prevent	6	3		\$23,724.00		
2	6390	Power-LOAD	EMS Prevent NB	6	3		\$27,047.00		
3	6252	Stair Chair	EMS Prevent NB	1	3		\$708.00		
4	6252-New	Stair Chair	EMS Prevent NB	3	3	Yr 1 covered under warranty	\$1,888.00		

PROGRAM INCLUDES					
EMS Prevent NB:					
		dable parts.			
EMS Prevent:					
*Includes parts, labor, travel *Includes 1 annual PM inspec *Includes unscheduled servic *Includes battery replacemer *Includes product equipment *Replacement parts do not in	ction ce nt	ts.			
		T	Pr	oCare Total	\$53,367.00
	Annual Payments \$12,452.30	1		Discount	30%
	See below for complete payment schedule		FIN	NAL TOTAL	\$37,356.90
			tart Date: nd Date:	8/1/2021 7/31/2024	_
Stryker Signature	Date	Customer Signature			Date
Customer are gove ht The terms and conditions r	of this quote and any subsequent purchase order of the critical by the Terms and Conditions located at tps://techweb.stryker.com referenced in the immediately preceding sentence do and Stryker are parties to a Master Service Agreement.		Pure	chase Order Number	
		If contract	is over \$5,0	00 please send hard	сору РО

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.

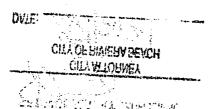
Pricing pro-rated for assets covered under base warrany.

FOR LEGAL SUFFICIENCY

CITY ATTORNEY CITY OF RIVIERA BEACH

PAYMENT SCHEDULE									
Date		Payment	Int	Paid			Prin. Remaining		Balance
Starting Bal	lance							\$	37,356.90
8/1/2021	\$	12,452.30	\$			\$	24,904.60	\$	24,904.60
8/1/2022	\$	12,452.30	\$			\$	12,452.30	\$	12,452.30
8/1/2023	\$	12 452 30	\$			\$	" · ·	\$	94

SERIAL N	ERIAL NUMBER SHEET						
Item No.	Model	Serial Number	Program				
1	6506	131239880	EMS Prevent				
2	6506	131239881	EMS Prevent				
3	6506	131239882	EMS Prevent				
4	6506	130841452	EMS Prevent				
5	6506	1809003500387	EMS Prevent				
6	6506	160940060	EMS Prevent				
7	6390	160939263	EMS Prevent NB				
8	6390	2005003400271	EMS Prevent NB				
9	6390	2005003400270	EMS Prevent NB				
10	6390	180839571	EMS Prevent NB				
11	6390	1809003400010	EMS Prevent NB				
12	6390	1905003400026	EMS Prevent NB				
13	6252	19010000003	EMS Prevent NB				
14	6252-New	New-TBD	EMS Prevent NB				
15	6252-New	New-TBD	EMS Prevent NB				
16	6252-New	New-TBD	EMS Prevent NB				
17	6252-New	New-TBD	EMS Prevent NB				



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Account Manager				Purchase Orde	er Date		
Cell Phone				Expected Deliv	8		
				Stryker Quote	5.		210315153556
				511/1101 43010			
Check box	if Billing sa	me as Shipping					
BILL TO		CUSTOMER	:#	SHIP TO		CUSTOMER#	
Billing Account Nu	m	0		Shipping Account Num	1109853		
Company Name				Company Name	Riviera Beach	Fire Rescue	
Contact or Departi	ment			Contact or Department	Thomas McCa	rthy	
Street Address				Street Address	600 Blue Hero	n Blvd	Mall Market Company
Addt'l Address Line	2			Addt'l Address Line			
City, ST ZIP				City, ST ZIP	Riviera Beach,	FL 33404	
Phone				Phone	(861) 845-400	0	
	DESCRI	PTION	QTY	TOTAL			
REFERENCI	E QUOTE						
	able Con	tact Information					
Name							
Email							
Phone				Stry	ker Terms and Co	nditions	
				www.str	ykeremergencycar	e.com/terms	
Authorized Cu	stomer	Signature					
Printed Name							
Title							
Signature							
	_						
Date							
Attachment		Stryker Quote Number	210315153556				

*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.

CITY ATTORNEY CITY OF RIVIERA BEACH

DATE.

Purchase Order Form