



NWFDW 25 mnth Prevent

Quote Number:	10866844	Rep:	Jackie Pellerito
Version:	1	Email:	
Prepared For:	NORTHWEST FIRE DISTRICT WAREHOUSE	Phone Number:	
Attn:			
GPO:	EMS	Service Rep:	Nicko Ortega
Quote Date:	06/07/2024	Email:	nicko.ortega@stryker.com
Expiration Date:	09/08/2024		
Contract Start:	05/31/2024		
Contract End:	06/30/2026		

Delivery Address		Sold To - Shipping		Bill To Account	
Name:	NORTHWEST FIRE DISTRICT WAREHOUSE	Name:	NORTHWEST FIRE DISTRICT WAREHOUSE	Name:	NORTHWEST FIRE DISTRICT
Account #:	20091676	Account #:	20091676	Account #:	20171480
Address:	1520 W ORANGE GROVE RD	Address:	1520 W ORANGE GROVE RD	Address:	
	TUCSON		TUCSON		
	Arizona 85704-1113		Arizona 85704-1113		

ProCare Products:

#	Product	Description	Months	Qty	Sell Price	Total
1.0	POWERPRO-PROCARE	PROCARE-SVC-POWERPRO 05/31/2024 - 06/30/2026 Parts, Labor, Travel Preventative Maintenance Batteries Service	25	2	\$2,718.30	\$5,436.60
2.0	POWERPRO-PROCARE	PROCARE-SVC-POWERPRO 05/31/2024 - 06/30/2026 Parts, Labor, Travel Preventative Maintenance Batteries Service	25	7	\$2,718.30	\$19,028.10
3.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER- LOAD 05/31/2024 - 06/30/2026 Parts, Labor, Travel Preventative Maintenance Batteries Service	25	7	\$3,864.10	\$27,048.70
4.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER- LOAD 08/31/2025 - 06/30/2026 Parts, Labor, Travel Preventative Maintenance Batteries Service	10	1	\$1,449.04	\$1,449.04
ProCare Total:						\$52,962.44
ProCare Annual Payment:						\$26,481.22

Price Totals:



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Rep: Jackie Pellerito

Email:

Phone Number:

Service Rep: Nicko Ortega

Email: nicko.ortega@stryker.com

Authorized Customer Signer (Printed)

Date

Stryker Authorized Signature (Printed)

Date

Authorized Customer Signature

Date

Stryker Authorized Signature

Date

Purchase Order Number

Contract 041823-STY includes Sourcewell pricing along with 15% discount

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>, except that Section 9 CONFIDENTIALITY shall be deleted in its entirety and the following inserted in its place: Section 9. Confidentiality: Stryker and Customer: (a) shall hold in confidence and any information and materials which are designated as proprietary or confidential, herein or otherwise; and (b) hereby covenant that they shall not disclose such information to any third party without prior written authorization of the one to whom such information relates. The rights and remedies available to a Party hereunder shall not limit or preclude any other available equitable or legal remedies.

The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement

Payment Schedule

Starting Balance:

\$52,962.44

Date	Payment	Balance
06/30/2024	\$26,481.22	\$26,481.22
06/30/2025	\$26,481.22	\$ -

Equipment Service Plan

Line Item #	Model	Serial #
1.0	PROCARE-SVC-POWERPRO	090440746
1.0	PROCARE-SVC-POWERPRO	090741181
2.0	PROCARE-SVC-POWERPRO	150539162
2.0	PROCARE-SVC-POWERPRO	150539163
2.0	PROCARE-SVC-POWERPRO	150539164
2.0	PROCARE-SVC-POWERPRO	150539165
2.0	PROCARE-SVC-POWERPRO	150539167
2.0	PROCARE-SVC-POWERPRO	150539168
2.0	PROCARE-SVC-POWERPRO	2005003500376
3.0	PROCARE-SVC-POWER-LOAD	150340322
3.0	PROCARE-SVC-POWER-LOAD	150539216
3.0	PROCARE-SVC-POWER-LOAD	150539217
3.0	PROCARE-SVC-POWER-LOAD	150539218
3.0	PROCARE-SVC-POWER-LOAD	150539219
3.0	PROCARE-SVC-POWER-LOAD	150539220
3.0	PROCARE-SVC-POWER-LOAD	2007003400192
4.0	PROCARE-SVC-POWER-LOAD	2018012400431

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		

Accounts Payable Contact Information

Name _____
Email _____
Phone _____

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.

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