

Sales Rep Name: Gary Montana
ProCare Service Rep: Mike Glass

3800 E. Centre Ave
Portage, MI 49009

Date: 12/8/2022
ID #: 221208101953

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num: 1077869
Shipping Acct Num: 1077869
Account Name: City of Coppell Fire Admin
Account Address: 265 E Parkway Blvd
City, State Zip: Coppell, TX 75019

Name: Lawton Hansen
Title:
Phone: (972) 304-3521
Email: lhansen@coppelltx.gov

PROCARE COVERAGE

Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs		Total
1	LP15	LifePak 15	LP15 Prevent Onsite	11	4		\$92,356.00

PROGRAM INCLUDES:**LP15 Prevent Onsite:**

ProCare LIFEPAK 15 Prevent Service: Annual onsite preventive maintenance inspection and unlimited repairs including parts, labor and travel with battery coverage

Unless otherwise stated on contract, payment is expected upfront.

ProCare Total	\$92,356.00
Discount	15%
FINAL TOTAL	\$78,502.60

Start Date: 1/3/2023

End Date: 1/2/2027

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.

SERIAL NUMBER SHEET

Item No.	Model	Serial Number	Program
1	LP15	46585147	LP15 Prevent Onsite
2	LP15	46606334	LP15 Prevent Onsite
3	LP15	46606083	LP15 Prevent Onsite
4	LP15	46606454	LP15 Prevent Onsite
5	LP15	46607416	LP15 Prevent Onsite
6	LP15	46607527	LP15 Prevent Onsite
7	LP15	46606358	LP15 Prevent Onsite
8	LP15	46606522	LP15 Prevent Onsite
9	LP15	46607234	LP15 Prevent Onsite
10	LP15	46607011	LP15 Prevent Onsite
11	LP15	46606625	LP15 Prevent Onsite

Purchase Order Form



Account Manager _____

Cell Phone _____

Purchase Order Date _____

Expected Delivery Date _____

Stryker Quote Number 221208101953

Check box if Billing same as Shipping ☐

BILL TO		CUSTOMER #
Billing Account Num	1077869	
Company Name		
Contact or Department		
Street Address		
Addt'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num	1077869	
Company Name	City of Coppell Fire Admin	
Contact or Department	Lawton Hansen	
Street Address	265 E Parkway Blvd	
Addt'l Address Line		
City, ST ZIP	Coppell, TX 75019	
Phone	(972) 304-3521	

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

221208101953

*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.