



1 POWER-LOAD W EXT WARRANTY W TRADE

Quote Number: 10383798

Remit to: **Stryker Medical**

P.O. Box 93308

Chicago, IL 60673-3308

Version: 1

Prepared For: LOMBARD FIRE DEPT

Rep: John Fischer

Attn: Dan Ekhardt

Email: john.fischer@stryker.com

ekhardt@villageoflombard.org

Phone Number:

815-416-8452

Mobile: (847) 989-4536

Quote Date: 06/13/2021

Expiration Date: 09/11/2021

Delivery Address		End User - Shipping - Billing		Bill To Account	
Name:	FOSTER COACH - LOMBARD FD	Name:	LOMBARD FIRE DEPT	Name:	LOMBARD FIRE DEPT
Account #:	1166895	Account #:	1166895	Account #:	1166895
Address:	903 PROSPERITY DR	Address:	50 E ST CHARLES RD 255 E WILSON AVE	Address:	50 E ST CHARLES RD 255 E WILSON AVE
	STERLING		LOMBARD		LOMBARD
	Illinois 61081		Illinois 60148		Illinois 60148

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	639005550001	MTS POWER LOAD	1	\$23,225.00	\$23,225.00
Equipment Total:					\$23,225.00

Trade In Credit:

Product	Description	Qty	Credit Ea.	Total Credit
TR-SPL-PL	TRADE-IN-STRYKER POWER LOAD TOWARDS PURCHASE OF POWERLOAD	1	-\$3,000.00	-\$3,000.00

ProCare Products:

#	Product	Description	Years	Qty	Sell Price	Total
2.1	75011PT	ProCare Power-LOAD Prevent Service: Annual onsite preventive maintenance inspection and unlimited repairs including parts, labor and travel for MTS POWER LOAD	6	1	\$6,205.00	\$6,205.00
ProCare Total:						\$6,205.00

Price Totals:

Grand Total: \$26,430.00

Comments:



**1 POWER-LOAD W EXT WARRANTY W
TRADE**

Quote Number: 10383798

Version: 1

Prepared For: LOMBARD FIRE DEPT
Attn: Dan Ekhart
ekhartd@villageoflombard.org
815-416-8452

Quote Date: 06/13/2021

Expiration Date: 09/11/2021

Remit to: **Stryker Medical**

P.O. Box 93308
Chicago, IL 60673-3308

Rep: John Fischer

Email: john.fischer@stryker.com

Phone Number:

Mobile: (847) 989-4536

DELIVER TO FOSTER COACH. SHIPPING IS
NO CHARGE. INSTALLATION NOT INCLUDED.
TRADE IN CREDIT APPLIED.

Prices: In effect for 60 days.

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.



AUTHORIZED CUSTOMER SIGNATURE

Capital Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's Acute Care capital terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html. A copy of Stryker Medical's Emergency Care capital terms and conditions can be found at <https://www.strykeremergencycare.com/terms>.

Purchase Order Form



Accounts Payable Contact Information

Name :

Email :

Phone :

Authorized Customer Signature

Name :

Title :

Signature :

Date :

Purchase Order Form



Account Manager : John Fischer
Cell Phone : (847) 989-4536

Purchase Order Date : 06-13-2021 21:33:00 -0500
Expected Delivery Date :
Stryker Quote Number : 10383798
Customer PO Number :

Bill To	Customer # : 1166895
Company Name :	LOMBARD FIRE DEPT
Contact or Department :	
Street Address :	50 E ST CHARLES RD 255 E WILSON AVE
Add'l Address Line :	
City, ST, ZIP :	LOMBARD, Illinois, 60148
Phone :	

Ship To / End User	Customer # : 1166895
Company Name :	LOMBARD FIRE DEPT
Contact or Department :	
Street Address :	50 E ST CHARLES RD 255 E WILSON AVE
Add'l Address Line :	
City, ST, ZIP :	LOMBARD, Illinois, 60148
Phone :	

Deliver To	Customer # : 1166895
Company Name :	FOSTER COACH - LOMBARD FD
Contact or Department :	
Street Address :	903 PROSPERITY DR
Add'l Address Line :	
City, ST, ZIP :	STERLING, IL 61081
Phone :	

Authorized Customer Initials

DE

Authorized Customer Initials

DE

Authorized Customer Initials

DE

Description	Total
1 POWER-LOAD W EXT WARRANTY W TRADE	\$26,430.00

Total : \$26,430.00



1 POWER-PRO W EXT WARRANTY + TRADE

Quote Number: 10383803

Remit to: **Stryker Medical**

Version: 1

P.O. Box 93308
Chicago, IL 60673-3308

Prepared For: LOMBARD FIRE DEPT
Attn: Dan Ekhardt
ekhardt@villageoflombard.org
815-416-8452

Rep: John Fischer
Email: john.fischer@stryker.com
Phone Number:
Mobile: (847) 989-4536

Quote Date: 06/13/2021

Expiration Date: 09/11/2021

Delivery Address		End User - Shipping - Billing		Bill To Account	
Name:	LOMBARD FIRE DEPT	Name:	LOMBARD FIRE DEPT	Name:	LOMBARD FIRE DEPT
Account #:	1166895	Account #:	1166895	Account #:	1166895
Address:	50 E ST CHARLES RD 255 E WILSON AVE	Address:	50 E ST CHARLES RD 255 E WILSON AVE	Address:	50 E ST CHARLES RD 255 E WILSON AVE
	LOMBARD		LOMBARD		LOMBARD
	Illinois 60148		Illinois 60148		Illinois 60148

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	6506000000	Power-PRO XT	1	\$14,667.00	\$14,667.00
1.1	6085033000	PR Cot Retaining Post		\$0.00	\$0.00
1.2	7777881669	3 Yr X-Frame Powertrain Wrnty		\$0.00	\$0.00
1.3	7777881670	2 Yr Bumper to Bumper Warranty		\$0.00	\$0.00
1.4	6506026000	Power Pro Standard Components		\$0.00	\$0.00
1.5	6500001430	X-RESTRAINT PACKAGE		\$0.00	\$0.00
1.6	0054030000	DOM SHIP (NOT HI, AK, PR, GM)		\$0.00	\$0.00
1.7	650606160000	ONE PER ORDER, MANUAL, ENG OPT		\$0.00	\$0.00
1.8	6500082000	Knee-Gatch/Trendelenburg		\$702.00	\$702.00
1.9	6506038000	Steer Lock Option		\$674.00	\$674.00
1.10	6060036017	Short Hook		\$0.00	\$0.00
1.11	6506127000	Power-LOAD Compatible Option		\$1,489.00	\$1,489.00
1.12	6500038000	SMRT KIT-120V AC,12V DC, Brckt		\$67.00	\$67.00
1.13	6500003130	KNEE GATCH BOLSTER MATRSS, XPS		\$0.00	\$0.00
1.14	6506040000	XPS Option		\$1,758.00	\$1,758.00
1.15	6506036000	No HE Section O2 Bottle		\$0.00	\$0.00
1.16	0054200994	NO RUNNER		\$0.00	\$0.00
1.17	6500315000	3 Stage IV Pole PR Option		\$304.00	\$304.00



1 POWER-PRO W EXT WARRANTY + TRADE

Quote Number: 10383803

Version: 1

Prepared For: LOMBARD FIRE DEPT
Attn: Dan Ekhardt
ekhardt@villageoflombard.org
815-416-8452

Quote Date: 06/13/2021

Expiration Date: 09/11/2021

Remit to: **Stryker Medical**
P.O. Box 93308
Chicago, IL 60673-3308
Rep: John Fischer
Email: john.fischer@stryker.com
Phone Number:
Mobile: (847) 989-4536

#	Product	Description	Qty	Sell Price	Total
1.18	6506012003	STANDARD FOWLER		\$0.00	\$0.00
1.19	639000010902	LABEL, WIRELESS		\$0.00	\$0.00
1.20	6500130000	Pocketed Back Rest Pouch		\$228.00	\$228.00
1.21	6500128000	Head End Storage Flat		\$123.00	\$123.00
1.22	6500147000	Equipment Hook		\$47.00	\$47.00
1.23	6500241000	Fowler O2 Bottle Holder		\$230.00	\$230.00
Equipment Total:					\$20,289.00

Trade In Credit:

Product	Description	Qty	Credit Ea.	Total Credit
TR-SPCOT-PPXT	TRADE-IN-STRYKER POWER COT TOWARDS PURCHASE OF POWERPRO XT	1	-\$2,000.00	-\$2,000.00

ProCare Products:

#	Product	Description	Years	Qty	Sell Price	Total
2.1	71011PT	ProCare Power-PRO Prevent Service: Annual onsite preventive maintenance inspection and unlimited repairs including parts, labor and travel for Power-PRO XT	5	1	\$3,130.00	\$3,130.00
ProCare Total:						\$3,130.00

Price Totals:

Grand Total: \$21,419.00

Comments:

SHIPPING IS NO CHARGE. LEAD TIME APPROX 11-13 WEEKS FROM DATE OF ORDER. TRADE-IN CREDIT FOR 1 POWER-PRO.



1 POWER-PRO W EXT WARRANTY + TRADE

Quote Number: 10383803

Remit to: **Stryker Medical**

Version: 1

P.O. Box 93308

Chicago, IL 60673-3308

Prepared For: LOMBARD FIRE DEPT

Rep: John Fischer

Attn: Dan Ekhart

Email: john.fischer@stryker.com

ekhardt@villageoflombard.org

Phone Number:

815-416-8452

Mobile: (847) 989-4536

Quote Date: 06/13/2021

Expiration Date: 09/11/2021

Prices: In effect for 60 days.

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.



AUTHORIZED CUSTOMER SIGNATURE

Capital Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's Acute Care capital terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html. A copy of Stryker Medical's Emergency Care capital terms and conditions can be found at <https://www.strykeremergencycare.com/terms>.

Purchase Order Form



Account Manager : John Fischer
Cell Phone : (847) 989-4536

Purchase Order Date : 06-13-2021 21:26:00 -0500
Expected Delivery Date :
Stryker Quote Number : 10383803
Customer PO Number :

Bill To	Customer # : 1166895
Company Name :	LOMBARD FIRE DEPT
Contact or Department :	
Street Address :	50 E ST CHARLES RD 255 E WILSON AVE
Add'l Address Line :	
City, ST, ZIP :	LOMBARD, Illinois, 60148
Phone :	

Ship To / End User	Customer # : 1166895
Company Name :	LOMBARD FIRE DEPT
Contact or Department :	
Street Address :	50 E ST CHARLES RD 255 E WILSON AVE
Add'l Address Line :	
City, ST, ZIP :	LOMBARD, Illinois, 60148
Phone :	

Deliver To	Customer # : 1166895
Company Name :	
Contact or Department :	
Street Address :	
Add'l Address Line :	
City, ST, ZIP :	
Phone :	

Authorized Customer Initials DE

Authorized Customer Initials DE

Authorized Customer Initials _____

Description	Total
1 POWER-PRO W EXT WARRANTY + TRADE	\$21,419.00

Total : \$21,419.00

Purchase Order Form



Accounts Payable Contact Information

Name :

Email :

Phone :

Authorized Customer Signature

Name :

Title :

Signature :

Date :
