

Sales Rep Name: Scott Pufahl
ProCare Service Rep: Jeremy Stevens

3800 E. Centre Ave
Portage, MI 49009

Date: 4/15/2022
ID #: 220415095045

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num: 1338493
Shipping Acct Num: 1338493
Account Name: City of Crete
Account Address: 241 E 13TH ST
City, State Zip: Crete, NE 68333

Name: *Tom Ourada*
Title: *City Administrator*
Phone: *402-826-4313*
Email: *tom.ourada@crete.ne.gov*

PROCARE COVERAGE

Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs		Total
1	LP1000	LifePak 1000	LP1000 PM Only Onsite	1	4		\$1,696.00

PROGRAM INCLUDES:**LP1000 PM Only Onsite:**

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test the integrity of all cables and recommend replacement as needed
- Electrical safety check in accordance with NFPA guidelines
- Computer-aided diagnostics to verify the unit functions accurately, including waveform shape and defibrillation energy
- Replace up to 1 battery pack in accordance with the device operating instructions or upon battery failure
- Replace 1 set of expired adult therapy electrodes at scheduled time of service

** (Onsite PM or Depot Depending on Agreement) **

Unless otherwise stated on contract, payment is expected upfront.

Annual Payments \$424.00

See below for complete payment schedule

ProCare Total \$1,696.00

FINAL TOTAL \$1,696.00

Start Date: 4/1/2022

End Date: 3/31/2026

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							\$	1,696.00
4/1/2022	\$	424.00	\$	-	\$	1,272.00	\$	1,272.00
4/1/2023	\$	424.00	\$	-	\$	848.00	\$	848.00
4/1/2024	\$	424.00	\$	-	\$	424.00	\$	424.00
4/1/2025	\$	424.00	\$	-	\$	-	\$	-

SERIAL NUMBER SHEET			
Item No.	Model	Serial Number	Program
1	LP1000	36066320	LP1000 PM Only Onsite

Purchase Order Form



Account Manager _____
Cell Phone _____

Purchase Order Date _____
Expected Delivery Date _____
Stryker Quote Number 220415095045

Check box if Billing same as Shipping ☐

BILL TO	CUSTOMER #
Billing Account Num	1338493
Company Name	
Contact or Department	
Street Address	
Add'l Address Line	
City, ST ZIP	
Phone	

SHIP TO	CUSTOMER #
Shipping Account Num	1338493
Company Name	City of Crete
Contact or Department	Pool - Parks and Rec 0
Street Address	241 E 13TH ST
Add'l Address Line	
City, ST ZIP	Crete, NE 68333
Phone	-

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
www.strykeremergencycare.com/terms

Authorized Customer Signature

Printed Name _____
Title _____
Signature _____
Date _____

Attachment Stryker Quote Number 220415095045

*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.