



LUCAS

Quote Number: 10188701

Remit to: **Stryker Medical**

Version: 1

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

Prepared For: MERCED CITY FIRE DEPT
Attn: Mickey Brunelli
brunellim@cityofmerced.org
(209) 388-8874

Rep: Antonella Bondi
Email: antonella.bondi@stryker.com
Phone Number:

Quote Date: 05/06/2020

Expiration Date: 08/04/2020

Delivery Address

Name: MERCED CITY FIRE DEPT
Account #: 1325529
Address: 99 E 16TH ST
MERCED
California 95340

End User - Shipping - Billing

Name: MERCED CITY FIRE DEPT
Account #: 1325529
Address: 99 E 16TH ST
MERCED
California 95340

Bill To Account

Name: MERCED CITY FIRE DEPT
Account #: 1325529
Address: 99 E 16TH ST
MERCED
California 95340

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99576-000063	LUCAS 3, v3.1 Chest Compression System, Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use With Each Device	1	\$13,079.00	\$13,079.00
2.0	11576-000060	LUCAS Desk-Top Battery Charger	1	\$760.00	\$760.00
3.0	11576-000071	LUCAS External Power Supply	1	\$320.62	\$320.62
4.0	11576-000080	LUCAS 3 Battery - Dark Grey - Rechargeable LiPo	1	\$619.10	\$619.10
Equipment Total:					\$14,778.72

Price Totals:

Estimated Sales Tax (8.250%):	\$1,219.24
Freight/Shipping:	\$0.00
Grand Total:	\$15,997.96

Prices: In effect for 60 days.

Terms: Net 30 Days

Ask your Stryker Sales Rep about our flexible financing options.



LUCAS

Quote Number: 10188701

Version: 1

Prepared For: MERCED CITY FIRE DEPT
Attn: Mickey Brunelli
brunellim@cityofmerced.org
(209) 388-8874

Quote Date: 05/06/2020

Expiration Date: 08/04/2020

Remit to:

Stryker Medical

P.O. Box 93308

Chicago, IL 60673-3308

Rep:

Antonella Bondi

Email:

antonella.bondi@stryker.com

Phone Number:

AUTHORIZED CUSTOMER SIGNATURE

DENDING APPROVAL

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.

Terms: Net 30 days. FOB origin. A copy of Stryker Medical's standard terms and conditions can be obtained by calling Stryker Medical's Customer Service at 1-800-Stryker.

In the event of any conflict between Stryker Medical's Standard Terms and Conditions and any other terms and conditions, as may be included in any purchase order or purchase contract, Stryker's terms and conditions shall govern.

Cancellation and Return Policy: In the event of damaged or defective shipments, please notify Stryker within 30 days and we will remedy the situation. Cancellation of orders must be received 30 days prior to the agreed upon delivery date. If the order is cancelled within the 30 day window, a fee of 25% of the total purchase order price and return shipping charges will apply.