



## **Marshall County Ambulance Service**

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**Emergency 911**

The Marshall County Fiscal Court is currently accepting bids for a power loading ambulance cot fastening system. System must be compatible with the Stryker Power-Pro Stretchers, provide a linear guide when loading / unloading the cot, inductive charging feature, and also provide a manual back-up in the event of a power failure. To obtain bid specifications please contact Marshall County Ambulance Service at 270-527-1243. The Fiscal Court reserves the right to reject any and all bids.



Comprehensive Quotation

Sales Account Manager  
 ANDREA QUIGLEY  
 Andrea.Quigley@stryker.com  
 Cell: 502-939-6166  
 Fax: 859-268-7807

Remit to:  
 Stryker Medical  
 P.O. Box 93308  
 Chicago, IL 60673-3308

End User Shipping Address	Shipping Address	Billing Address
1284284 MARSHALL COUNTY AMBULANCE SERVICE 505 GEORGE MCCLAIN DR BENTON, KY 42025	1284284 MARSHALL COUNTY AMBULANCE SERVICE 505 GEORGE MCCLAIN DR BENTON, KY 42025	1198366 MARSHALL COUNTY AMBULANCE SERVICE PO BOX 533 BENTON, KY 42025

Customer Contact	Ref Number	Date	PO Number	Reference Field	Quote Type
	6343639	02/21/2018	QUOTE		

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
1.00	1	PowerLOAD	6390000000	\$23,650.00	\$23,650.00	
		Options				
	1	PowerLOAD	6390000000	\$23,650.00	\$23,650.00	
	1	Standard Comp 6390 Power Load	6390026000			
	1	English Manual	6390600000			
	1	1 year parts, labor & travel	7777881660			
	1	UNIVERSAL FLOORPLATE OPTION	6390028000			
	1	ONE PER ORDER, MANUAL, ENG OPT	639000220000			
2.00	1	6506 PWR/PERF-LOAD UPGRD KIT	6506700014	\$1,745.00	\$1,745.00	
3.00	1	ProCare Upgrade Charge	77100003	\$310.00	\$310.00	

Note:  
 FOR REMOUNT  
 VALID UNTIL 9/30/2018

Product Total	\$25,705.00
Freight	\$0.00
Tax	\$0.00
<b>Total Incl Tax &amp; Freight</b>	<b>\$25,705.00</b>

Signature: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

**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.  
**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.