



PREVENT

Quote Number: 11112398

Version: 1

Prepared For: ARKANSAS CITY FIRE DEPT

Attn:

Rep: Bryce Wheeler

Email: bryce.wheeler@stryker.com

Phone Number:

GPO: EMS

Quote Date: 05/02/2025

Expiration Date: 07/01/2025

Contract Start: 07/01/2025

Contract End: 06/30/2026

Service Rep: Andy Leduc

Email: andy.leduc@stryker.com

Delivery Address		Sold To - Shipping		Bill To Account	
Name:	ARKANSAS CITY FIRE DEPT	Name:	ARKANSAS CITY FIRE DEPT	Name:	ARKANSAS CITY FIRE DEPT
Account #:	20003043	Account #:	20003043	Account #:	20003043
Address:	115 S D ST	Address:	115 S D ST	Address:	115 S D ST
	ARKANSAS CITY		ARKANSAS CITY		ARKANSAS CITY
	Kansas 67005-2622		Kansas 67005-2622		Kansas 67005-2622

ProCare Products:

#	Product	Description	Months	Qty	Sell Price	Total
1.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER-LOAD Parts, Labor, Travel Preventative Maintenance Batteries Service	12	4	\$2,352.00	\$9,408.00
2.0	POWERPRO-PROCARE	PROCARE-SVC-POWERPRO Parts, Labor, Travel Preventative Maintenance Batteries Service	12	4	\$1,656.00	\$6,624.00
ProCare Total:						\$16,032.00

Price Totals:

Authorized Customer Signer (Printed)Date

Stryker Authorized Signature (Printed)Date



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Rep: Bryce Wheeler
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Phone Number:

GPO: EMS
Quote Date: 05/02/2025
Expiration Date: 06/01/2025
Contract Start: 10/10/2025
Contract End: 10/09/2026

Service Rep: Andy Leduc
Email: andy.leduc@stryker.com

Authorized Customer Signature Date

Stryker Authorized Signature Date

Purchase Order Number

Service Terms and Conditions:
The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at www.stryker.com/stnc The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement. The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a written agreement governing the purchase/sale of goods and/or services.

Equipment Service Plan

Line Item #	Model	Serial #
1.0	PROCARE-SVC-POWER-LOAD	2010012700074
1.0	PROCARE-SVC-POWER-LOAD	2010012700073
1.0	PROCARE-SVC-POWER-LOAD	2010012700066
1.0	PROCARE-SVC-POWER-LOAD	2204012700073
2.0	PROCARE-SVC-POWERPRO	1908003500773
2.0	PROCARE-SVC-POWERPRO	180540147
2.0	PROCARE-SVC-POWERPRO	2004003500142
2.0	PROCARE-SVC-POWERPRO	2206003500014

Purchase Order Form



Account Manager _____
Cell Phone _____

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

Check box if Billing same as Shipping ☐

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

SHIP TO	CUSTOMER #
Shipping Account Num	
Company Name	
Contact or Department	
Street Address	
Add'l Address Line	
City, ST ZIP	
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.stryker.com/stnc

Authorized Customer Signature

Printed Name _____
Title _____
Signature _____
Date _____

Attachment Stryker Quote Number

*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.