



Product Quotation
 Quotation Number: **LR762298**
 Quote Sent Date: **Sep 25, 2024**
 Expiration Date: **Oct 25, 2024**

Your Bobcat Contact
Lizzie Richter
 Phone:
 Email: lizzie.richter@doosan.com

Your Customer Contact

Deliver to
TOWN OF HALFMOON 291756 - CLIFTON PARK - NY

Bobcat Dealer
 Darin Whitehouse
Bobcat of Gloversville-Johnstown, LLC,
Johnstown, NY
 2053 STATE HIGHWAY 29
 JOHNSTOWN, NY, 12095

Bill to
NEW GOVERNMENT CUSTOMER
2391333
 250 E Beaton Dr
 West Fargo, ND, 58078-2656

Item Name	Item Number	Quantity	Price Each	Total
HB980 Hydraulic Breaker with Nail Point	7113421	1	8,411.68	8,411.68
X-Change Mounting Cap - HB880/HB980/NB150/NB160 and PCF64 plate compactor	7113657	1	604.96	604.96
Hose Kit - E32 - E60 R2-Series, Std. and Long Arm	7175244	1	319.20	319.20
Total for HB980 Hydraulic Breaker with Nail Point				9,335.84
Quote Total - USD				9,335.84
Dealer P.D.I.				50.00
Destination Charges				331.00
Quote Total - USD				9,716.84

Comment:

- *Prices per the New York State Contract – PC69396
- *Plus applicable taxes. IF Tax Exempt, please include Tax Exempt Certificate with the order.
- *Member Number (if applicable): _____
- *All orders should include 1) Accounts Payable Contact and email address, 2) W9 with correct legal entity name, and 3) Bill to Address.
- *Orders may be placed with the contract holder or authorized dealer as allowed by the terms and conditions of the contract. * A Copy of all orders must be provided to Heather.Messmer@Doosan.com.
- *Contact Holder Information: Clark Equipment Company dba Bobcat Company, Govt Sales, 250 E Beaton Drive, West Fargo, ND 58078. TID# 38-0425350.
- *Payment Terms: Net 60 Days. Credit cards accepted.
- *Remittance address: Clark Equipment Company d/b/a Bobcat Company, P. O. Box 74007382, Chicago, IL 60674-7382

*Questions can be submitted via email to barry.hanson@doosan.com or by phone at: 1-800-965-4232.

Customer acceptance: Quotation Number:: LR762298		Purchase Order: _____
Authorized Signature:		
Print: _____	Sign: _____	
Date: _____	Email: _____	
Addresses		
Delivery Address _____		
Billing Address (if different from ship to): _____		
Tax Exempt: Y <input type="checkbox"/> / N <input type="checkbox"/>		
Exempt in the State of: _____		
Tax Exempt ID:		
Federal: _____		
State: _____		
Expiration Date: _____		

DRAFT