## Hospital Vendor Contract – Summary Sheet

1. **Name of Contract:** Linet ER Gurney

2. **Contracted Parties:** Linet Americas, Inc. and Mangum City Hospital Authority

3. **Contract Type Services:** Purchase a new ER gurney

4. **Description of Services:** Purchase a Sprint 100, 30" wide patient surface, 4 section, 700# safe working load.

5. **Cost:** ☒ (Monthly) -and- ☒ $ 7,533 (Purchase Price)

6. **Term:** 5 Years

7. **Termination Clause:** NA

# LINET®

**LINET Americas, Inc.**

9115 Harris Corners Parkway
Suite 150
Charlotte NC  28269
USA

Customer No.

**023043**

Federal Tax ID - Business Partner

Your Reference

Your contact person

Sales responsible

**Mangum Regional Medical Center**

One Wickersham Drive
Mangum OK  73554
USA

**SOUTH-Don Brown**
**918-720-4957**
don.brown@linetamericas.com

Delivery Address

**Mangum Regional Medical Center**
**USA**

Currency: **$**

| | Description | Quantity | UoM | Price | Tax % | Total |
|---|---|---|---|---|---|---|
| 001 | *** CONFIDENTIAL & PROPRIETARY INFORMATION*** THIS QUOTE / PRICING NOT TO BE DISCLOSED TO MDBUYLINE, ECRI, GPO AFFILIATE OR ANY OTHER 3RD PARTY | | | | | |
| 002 | **SPRINT 100, 30" Wide Patient Surface, 4 Section, Scale** Item Code: 1ES115409-WBS Includes: 705lb Safe Working Load 5" Premium Comfort Mattress * IV & Drive (head-end) FlexiDrive Retractable 5th Wheel EasyBrake 4-sided Brake/Steer SoftDrop Siderails Siderail Latch/Release (head & foot) Backrest Angle Indicator Built-in Accessory/Restraint Holders Perimeter Bumper System Multi-Mode Bed Exit Alarm Cardiac Chair Position (knee gatch) | 1 | ea | 5,913.00 | | 5,913.00 |
| 003 | **Warranty 1 Yr Parts 1 Yr Labor for Bed Frame** Item Code: W1YP1YL | 1 | ea | 0.00 | | |
| 004 | **1 Year Warranty for Mattresses** Item Code: W1YM | 1 | ea | 0.00 | | |
| 005 | **5 Annual PM's / 4 YR Parts/ 4 YR Labor after original warranty expires-SPRINT** Item Code: EXTSVC-POS-SPRINT-FULL | 1 | ea | 1,620.00 | | 1,620.00 |
| 006 | **Shipping: FOB Destination. Freight prepaid and absorbed by LINET. **PREMIER**** | | | | | |

Carry Over: **7,533.00**

**LINET Americas, Inc.**
9115 Harris Corners Parkway
Suite 150
Charlotte NC  28269
USA

**LINET**®

Original

**SALES QUOTATION**

| Document Number | Document Date | Page |
|---|---|---|
| SQT292110472 | 06/16/2021 | 2/2 |

Currency: **$**

Carry Over: **7,533.00**

| Description | Quantity | UoM | Price | Tax % | Total |
|---|---|---|---|---|---|

**007**

**NOTE TO PURCHASING:**

*Purchase Order must identify the GPO Contract, if any, with which the Buyer has aligned or identified for pricing and contract terms and conditions specific to this quote/order.  If no GPO contract is specified by Buyer, pricing will default to the last known GPO affiliation as determined by Membership Rosters at the discretion of LINET.

*Item numbers may change depending on order date.

*All orders subject to credit approval.

*Please email Purchase Orders to ORDERS@LINETAmericas.com or fax orders to 704-973-7941.

**008**

Neither Party will be held liable for failure to fulfill its obligations hereunder if such failure is due to a Force Majeure Event. A "Force Majeure Event" means, but is not limited to, an act of war; domestic and/or international terrorism; civil riots or rebellions; quarantines, embargoes and other similar unusual governmental actions; or extraordinary elements of nature or acts of God; provided that such Force Majeure Event is beyond the excused Party's reasonable control, occurs without the excused Party's fault or negligence, is not caused directly or indirectly by the excused Party and could not have been prevented or avoided by the excused Party's reasonable diligence.  Additionally, with respect to each of the foregoing instances, they are deemed to apply to, where relevant, pandemics  which impact supply chains, workforces and either party's ability to conduct business in the ordinary course.

| | | |
|---|---|---|
| **Additional Expenses** | Shipping Type: | Quotation Subtotal: | **$ 7,533.00** |
| **Payment Term** | **Net 30 Days** | Total Before Tax: | |
| | | Total Tax Amount: | |
| | | **Total Amount:** | **$ 7,533.00** |

Quotation Valid Until:  08/15/2021

## Customer Acceptance of Proposal

This proposal is accepted subject to any changes as noted and initialed above and the terms and conditions listed in the First Healthcare Products current catalog.

> Please FAX your acceptance back to
> 1-800-542-7225, or mail it to:
> First Healthcare Products
> Customer Service Department
> 6125 Lendell Drive
> Sanborn, NY 14132-9199

_____
Printed Name/Title

_____
Date

_____
Signature

_____
Purchase Order #