



3 Year PLT, BATT, PM

Quote Number: 11117434
 Version: 1
 Prepared For: DELRAY BEACH FIRE DEPT
 Attn:

Rep: Shannon Cook
 Email:
 Phone Number:

GPO: EMS
 Quote Date: 05/13/2025
 Expiration Date: 06/12/2025
 Contract Start: 05/12/2025
 Contract End: 05/11/2028

Service Rep: Darren Logozzo
 Email:

Delivery Address		Sold To - Shipping		Bill To Account	
Name:	DELRAY BEACH FIRE DEPT	Name:	DELRAY BEACH FIRE DEPT	Name:	DELRAY BEACH FIRE DEPT
Account #:	20001928	Account #:	20001928	Account #:	20014404
Address:	501 W ATLANTIC AVE DELRAY BEACH Florida 33444-2555	Address:	501 W ATLANTIC AVE DELRAY BEACH Florida 33444-2555	Address:	100 NW FIRST AVE DELRAY BEACH Florida 33444-2612

ProCare Products:

#	Product	Description	Months	Qty	Discount %	Sell Price	Total
1.0	LUCAS-FLD-PROCARE	PROCARE-SVC-LUCAS-FIELD-REPAIR √ Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service	36	2	18.0%	\$4,376.34	\$8,752.68

ProCare Annual Payment: \$2,917.56

Price Totals:

Grand Total: \$8,752.68

 Authorized Customer Signer (Printed) Date

 Stryker Authorized Signature (Printed) Date

Payment Schedule

Starting Balance:

\$8,752.68

Date	Payment	Balance
05/12/2025	\$2,917.56	\$5,835.12
05/12/2026	\$2,917.56	\$2,917.56
05/12/2027	\$2,917.56	\$ -

Equipment Service Plan

Line Item #	Model	Serial #
1.0	PROCARE-SVC-LUCAS-FIELD-REPAIR	3518C688
1.0	PROCARE-SVC-LUCAS-FIELD-REPAIR	3519E813

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.