



Foley, Jeremy Apr 2025, Lucas

Quote Number: 11156952

Version: 1

Prepared For: FOLEY FIRE DEPT

Attn:

GPO: CUSTOMER CONTRACT

Quote Date: 07/31/2025

Expiration Date: 08/30/2025

Contract Start: 06/19/2025

Contract End: 10/26/2026

Rep: Christina Garner

Email:

Phone Number:

Delivery Address		Sold To - Shipping		Bill To Account	
Name:	FOLEY FIRE DEPT	Name:	FOLEY FIRE DEPT	Name:	CITY OF FOLEY
Account #:	20040103	Account #:	20040103	Account #:	20127208
Address:	120 W VERBENA AVE	Address:	120 W VERBENA AVE	Address:	407 E LAUREL AVE
	FOLEY		FOLEY		FOLEY
	Alabama 36535-1950		Alabama 36535-1950		Alabama 36535-2619

ProCare Products:

#	Product	Description	Months	Qty	Sell Price	Total
1.0	LUCAS-FLD-PROCARE	PROCARE-SVC-LUCAS-FIELD-REPAIR	60	1	\$7,560.75	\$7,560.75
04/22/2025 - 04/21/2030						
Parts, Labor, Travel Preventative Maintenance Batteries Service						
ProCare Total:						\$7,560.75

Price Totals:

Authorized Customer Signer (Printed)Date

Stryker Authorized Signature (Printed)Date



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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	ProCare Materials	Serial #
1.0		PROCARE-SVC-LUCAS-FIELD-REPAIR	N/A

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.