

**ZOLL Medical Corporation**

269 Mill Road
Chelmsford, MA 01824-4105
Federal ID# 04-2711626

Phone: (800) 348-9011
Fax: (978) 421-0015
Email: esales@zoll.com

Quote No: Q-35632 Version: 1

Rowan County Emergency Services
2727 Old Concord Rd Suite E
Salisbury, NC 28146-8388

ZOLL Customer No: 277683

Bryan Edwards
7042168911
bryan.edwards@rowancountync.gov

Quote No: Q-35632
Version: 1

Issued Date: September 26, 2022
Expiration Date: October 15, 2022

Terms: NET 30 DAYS

FOB: Destination
Freight: Free Freight

Prepared by: Chase Prezioso
EMS CPR Territory Manager
chase.prezioso@zoll.com
+1 7046190445

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1	715126	8700-0730-01	AutoPulse® System with Pass Thru Includes: Backboard, User Guide, Quick Reference Guide, Shoulder Restraints, Backboard Cable Ties, Head Immobilizer, Grip Strips, In-service Training DVD, and one year warranty.	15	\$12,457.00	\$10,775.10	\$161,626.50
2	715126	8700-0706-01	LifeBand 3 pack Single-use chest compression band (3 per package)	15	\$425.00	\$363.75	\$5,456.25
3	715126	8700-0753-01	AutoPulse SurePower Charger Includes User Guide and U.S Power Cord. Standard one (1) year warranty. U.S. Tests, Charges and automatically verifies battery charge level	15	\$2,600.00	\$1,741.15	\$26,117.25
4	715126	8700-0752-01	AutoPulse Li-Ion Battery	45	\$935.00	\$800.25	\$36,011.25
5	715126	8700-000850-40	AutoPulse Quick Case - Blue All-in-one carrying case and patient moving sheet for the Autopulse Resuscitation System.	15	\$561.00	\$485.10	\$7,276.50

Subtotal: \$236,487.75

Total: \$236,487.75

Contract Reference	Description
715126	Reflects NASPO 2017 - Contract No. Ok-Sw-300 contract pricing. Notwithstanding anything to the contrary herein, the terms and conditions set forth in NASPO 2017 - Contract No. OK-SW-300 shall apply to the customer's purchase of the products set forth on this quote.

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To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <https://www.zoll.com/about-zoll/invoice-terms-and-conditions> and for software products can be found at <http://www.zoll.com/SSPTC> and for hosted software products can be found at <http://www.zoll.com/SSHTC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

1. This Quote expires on October 15, 2022. Pricing is subject to change after this date.
2. Applicable tax, shipping & handling will be added at the time of invoicing.
3. All purchase orders are subject to credit approval before being accepted by ZOLL.
4. To place an order, please forward the purchase order with a copy of this quotation to esales@zoll.com or via fax to 978-421-0015.
5. All discounts from list price are contingent upon payment within the agreed upon terms.
6. Place your future accessory orders online by visiting www.zollwebstore.com.

Order Information (to be completed by the customer)

☐ Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)

☐ Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

☐ Yes PO Number: _____ PO Amount: _____
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)

☐ No (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

Rowan County Emergency Services

Authorized Signature:

Name: _____
Title: _____
Date: _____