



**PCMS AGREEMENT QUOTATION - Bench Repair**

Customer: # 94200272  
 Address: Rapid City Fire Department  
 Address: 10 Main Street  
 City,State/Zip: Rapid City, SD 57701  
 Agreement Contact :  
 Telephone:

Payment Terms: Net 30  
 Agreement Quote Date: 12/14/2015  
 Prior Agreement #: MRx  
 Agreement Start Date: 12/18/2015  
 Agreement End Date: 12/17/2018  
 Billing Schedule: Yearly

SO 6301314055, 6100912410

Multi -Year Option: 10%

*Valid for 60 days*

Philips Representative: **Jeannette Gainey** Tel: **214-952-8786** Fax: **855-300-5731** Date: **12/14/2015** Quote #: **105032-1**

Model #	Serial #	Qty	SAP#	Description	Start	End	Annual List \$	Extended Annual List \$
				<b>Defibrillators</b>				
M3535A	US00562765	13		HeartStart MRx (PA recommended)	12/18/2015	12/17/2018	\$563.00	\$7,319.00
	US00562763							
	US00562764							
	US00212138							
	US00212135							
	US00562766							
	US00562762							
	US00212140							
	US00212139							
	US00212141							
	US00548705							
	US00328474							
	US00328476							
Total Annual Service Charge Year 1								\$7,319.00
Total Annual Service Charge Year 2								\$7,319.00
Total Annual Service Charge Year 3								\$7,319.00
<b>Subtotal:</b>								<b>\$21,957.00</b>

Model #	Serial #	Qty	SAP#	Description	Start	End	Annual List \$	Extended Annual List \$
		1		Performance Assurance (applies only to products with (PA) in the description) 1 per unit, per year of agreement	12/18/2015	12/17/2018	\$4,550.00	\$13,650.00
<b>Subtotal Optional Services Discountable</b>								<b>\$13,650.00</b>
<b>Subtotal Optional Services Non-Discountable</b>								<b>\$0.00</b>
<b>Subtotal Discountable</b>								<b>\$35,607.00</b>
Multi-Year Option Discount								(\$3,560.70)
Net Charge Year 1								\$10,682.10
Net Charge Year 2								\$10,682.10

Model #	Serial #	Qty	SAP#	Description	Start	End	Annual List \$	Extended Annual List \$
Net Charge Year 3								\$10,682.10
<b>Quotation Total</b>								<b>\$32,046.30</b>
<b>Prices exclude taxes. Applicable taxes will be added to the invoice. Subject to credit approval.</b>								
<p>IMPORTANT NOTICE: A signed copy of this agreement, for the services and prices quoted herein, is Customers acceptance that the Terms and Conditions and information in the Exhibit and the Data Sheet attached to this quotation are the sole terms applicable to the services quoted. The acceptance of this quotation is not binding upon Philips until further review by Philips contract administration. The information contained in this document is confidential and is provided to the entity listed as the customer solely in connection with the evaluation of the purchase and sale. This information shall not be disclosed to any other party. The Philips terms and conditions of sale applicable to the service quoted herein are available via <a href="http://www.healthcare.philips.com/main/terms_conditions">http://www.healthcare.philips.com/main/terms_conditions</a> ("Terms and Conditions"). Health Care providers are reminded that if the transactions herein include or involve a loan or discount (including a rebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted health care program, including but not limited to Medicare and Medicaid, such as may be required by state or federal law, including under any federal or state but not limited to 42 CFR 1001.952(h). Philips reserves all rights with regard to this information. Reserved.</p>								
<p>Customer Agreement as Quoted</p> <p>Upon customer signing and an authorized Philips representative accepting, this quotation constitutes a contract and Customer is bound by all terms and conditions hereof.</p> <p>Philips by its acceptance hereof, agrees to provide maintenance services for the equipment listed above in accordance with the following terms set forth herein.</p>								
Authorized Signature _____				Authorized Signature _____				
Printed Name _____				Title/Date _____				
Title / Date _____				<b>FOR CREDIT CARD PAYMENT</b> Credit Card Type (circle) AMEX VISA MC Discover Credit Card # _____ Expiration Date _____ Signature _____ Print Name _____				
Customer PO # _____								
(Please attach copy of original PO)								
<p>prepared by: <b>Maureen Wahtera</b></p> <p><b>FAX To: (800)947-3299 or Mail Purchase Order &amp; Quote To: Philips Healthcare, Business Center, ms0400, 3000 Minuteman Road, Andover, MA 01810 (800)934-7372 opt 5</b></p>								