Fax, For	Chapter Use Only:				<u>'</u>				
Red Cross	s Chapter	Red Cross Contact Information				Contract Number			
America	an Red Cross	Jennefer Moore				SAR		AR61	
Email:	Jennefer.l	Moore@redcross.org	Telephone:	616-456-8661					
Custom	er Shipping Addr	Customer Billin	ıg Ac	ldress					
Branch [District Library								
10 E. Ch	nicago St								
Coldwate	er, MI 49036								
Name of S	Ship to Contact and Ph	Title/Dept							
Evette A	tkin, 517-278-2341	Library Director							
Authoriz	zing Physician*: I	lf applicable, include physician's	s name, address	and	phone nun	nber be	elow.		
Name	Dr. John Kazmier	*NEITHER THE AME	ERICA	N RED CROS	S NOR A	NY AMER	RICAN	RED CROSS	
Address	1030 Harrington, Suite 101		*NEITHER THE AMERICAN RED CROSS NOR ANY AMERICAN RED CROSS CHAPTER ENDORSES, SPONSORS, OR VOUCHES FOR THE SUITABILITY, QUALITY, OR PROPER LICENSING OF ANY OF THE PHYSICIANS OR MEDICAL ENTITIES APPEARING ON THIS FORM.						
	Mt. Clemens, MI								
Ph No.	586-463-8503		MEDICAL ENTITIES	APPI	EARING ON I	HIS FOR	IVI.		
Qty	Item	Description		Pri	се	Disc	ount %	Exte	nded Price
6	M5066A	Philips Onsite AED, 1 Set of P	ads, 1 Battery	\$	1,354.00	2	0%	\$	6,499.20
6	C01	Standard Carry Case		\$	101.00	2	0%	\$	484.80
6	989803170921	AED Wall Sign		\$	36.00		0%	\$	172.80
5	989803136531	Defibrillator Cabinet, Basic			253.00		0%	\$	1,012.00
6	68-PCHAT	ors, gloves,	\$	46.00	2	0%	\$	220.80	
		breathing barrier, towelette)						\$	<u>-</u>
6	M5072A	Pediatric Pads Cartridge		\$	108.00	2	0%	\$	518.40
								\$	-
								\$	-
DAVMENT TO	EBMS: Not 20 days from date	of invaine Orders are subject to Philips' gradit rov	iow approval and					\$	-
PAYMENT TERMS: Net 30 days from date of invoice. Orders are subject to Philips' credit review, appro acceptance. TAXES: The purchase price stated herein does not include applicable sales, excise or other.				Subtotal				\$	8,908.00
	r levied. Philips shall invoice is of the invoice. SHIPPING:		Tax				\$	-	
	ay be available for an addition	·	Shipping TOTAL				\$		
	rization number (REQUIRED		Purchase Order No.		r No		\$	8,908.00	
	•	restocking charge and must be made within 60 days of products that have been opened, are expired or d	•	Tax Exempt No.					
warranty and	technical issues, call 1-800-	-263-3342. US USE: Products are for end-use in the	USA only.		=xompt no	•			
			Tax Exempt Certificate Required						
PROVIDES CONTRAC CHAPTER (INCLUDIN DESIGN, C THAT PHIL	TOR OF PHILIPS AUTON OF PHILIPS OF THE PERFORMANTIES OF THE PERFORMANT OF PURCHASER OF PURCHASER	AIMER: THE AMERICAN RED CROSS IS OMATED EXTERNAL DEFIBRILLATORS R GUARANTEES OF ANY KIND FOR SUCCONSTRUED TO BE A BINDING CONTRUITS) AND THE PURCHASER OF THE AFERS AND OPERATING UNITS) SHALL MELLONG TO PHILIPS AUTOMATED EN IS IN COMPLIANCE WITH ANY LAWS, CR2+ and FRX Defibrillators, Infant/Child SMART Pads	OR ANY RELATED A CH DEVICES. THIS P ACT BETWEEN THE UTOMATED EXTERN. NOT BE CONSTRUED (TERNAL DEFIBRILL) CODES, OR ORDINAN	NCILI RODU AMER AL DE TO H ATOR ICES.	ARY PRODU CT ORDER V ICAN RED CI IFIBRILLATO AVE DETERN S OR ANY RE	CTS FOR VORKSH ROSS (IN R. THE A IINED OF	R ANY PUI EET IS NO ICLUDING AMERICAN R CERTIFI	RPOSE OT A BI IT'S L N RED ED THI	E AND INDING OCAL CROSS E SAFE
Cartridges and Infant/Child Key (M5072A & 989803139311), and all HeartStart Event Review Software are restricted for sale by or on the order of a Physician. I understand and accept this			Туре	Visa	<u> </u>	¬ A	mex		
indication for	use. This quotation/order is i	1 "	Mas	tercard					
contract in pla	ace, this quotation/order is iss	by current contract with the customer. If there is no sued pursuant to, and any PO for the items herein will	Card No.						
	subject to Philips Healthcare are.philips.com/main/terms_c	Expiration Da	ate						
authorized representative in acknowledgement of the products, pricing and terms and conditions stated or referenced herein.					n Card				

Date:

PHILIPS End User Order Form Rev 2/10/2014 TAA

Notes:

Customer Signature & Date