

PHILIPS End User Order Form

Rev 2/10/2014 TAA

Date:

Fax, For Chapter Use Only:

Red Cross Chapter

American Red Cross	
Email:	Jennefer.Moore@redcross.org

Customer Shipping Address (no PO Box)

Branch District Library 10 E. Chicago St Coldwater, MI 49036
--

Name of Ship to Contact and Phone Number

Evette Atkin, 517-278-2341

Authorizing Physician*: If applicable, include physician's name, address and phone number below.

Name	Dr. John Kazmierski, DO
Address	1030 Harrington, Suite 101 Mt. Clemens, MI 48043
Ph No.	586-463-8503

Red Cross Contact Information

Jennefer Moore	
Telephone:	616-456-8661

Contract Number

SAR	AR61
-----	------

Customer Billing Address

--

Title/Dept

Library Director

*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.

Qty	Item	Description	Price	Discount %	Extended Price
7	M5066A	Philips Onsite AED, 1 Set of Pads, 1 Battery	\$ 1,354.00	20%	\$ 7,582.40
7	C01	Standard Carry Case	\$ 101.00	20%	\$ 565.60
7	989803170921	AED Wall Sign	\$ 36.00	20%	\$ 201.60
6	989803136531	Defibrillator Cabinet, Basic	\$ 253.00	20%	\$ 1,214.40
7	68-PCHAT	Fast response kit (razor, scissors, gloves, breathing barrier, towelette)	\$ 46.00	20%	\$ 257.60
8	M5072A	Pediatric Pads Cartridge	\$ 108.00	20%	\$ 691.20
					\$ -
					\$ -
					\$ -

PAYMENT TERMS: Net 30 days from date of invoice. Orders are subject to Philips' credit review, approval and acceptance. TAXES: The purchase price stated herein does not include applicable sales, excise or other use taxes in effect or later levied. Philips shall invoice customer for those taxes and customer shall pay those taxes in accordance with the terms of the invoice. SHIPPING: Shipping costs are included in product prices (FOB destination). Rush shipments may be available for an additional fee. RETURNS: Philips must authorize all product returns. To obtain a return authorization number (REQUIRED for ALL returns), call 1-800-934-7372. Customer shall pay all shipping charges for returns. Returns may be subject to a restocking charge and must be made within 60 days after shipment from Philips. Philips does not accept returns of products that have been opened, are expired or damaged. WARRANTY: For warranty and technical issues, call 1-800-263-3342. US USE: Products are for end-use in the USA only.

Subtotal	\$ 10,512.80
Tax	\$ -
Shipping	\$ -
TOTAL	\$ 10,512.80

Purchase Order No.

Tax Exempt No.

Tax Exempt Certificate Required

AMERICAN RED CROSS DISCLAIMER: THE AMERICAN RED CROSS IS NOT, AND SHALL NOT BE CONSTRUED TO BE, A MANUFACTURER OR A DISTRIBUTOR OF PHILIPS AUTOMATED EXTERNAL DEFIBRILLATORS OR ANY RELATED ANCILLARY PRODUCTS FOR ANY PURPOSE AND PROVIDES NO WARRANTIES OR GUARANTEES OF ANY KIND FOR SUCH DEVICES. THIS PRODUCT ORDER WORKSHEET IS NOT A BINDING CONTRACT, NOR SHALL IT BE CONSTRUED TO BE A BINDING CONTRACT BETWEEN THE AMERICAN RED CROSS (INCLUDING IT'S LOCAL CHAPTERS AND OPERATING UNITS) AND THE PURCHASER OF THE AUTOMATED EXTERNAL DEFIBRILLATOR. THE AMERICAN RED CROSS (INCLUDING IT'S LOCAL CHAPTERS AND OPERATING UNITS) SHALL NOT BE CONSTRUED TO HAVE DETERMINED OR CERTIFIED THE SAFE DESIGN, OPERATION, USE OR FUNCTION OF PHILIPS AUTOMATED EXTERNAL DEFIBRILLATORS OR ANY RELATED ANCILLARY PRODUCTS OR THAT PHILIPS OR PURCHASER IS IN COMPLIANCE WITH ANY LAWS, CODES, OR ORDINANCES.

Authorizing Physician & Terms: Philips' FR2+ and FRx Defibrillators, Infant/Child SMART Pads 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 indication for use. This quotation/order is issued pursuant to, and any PO for the items herein will be accepted subject to the terms of any current contract with the customer. If there is no contract in place, this quotation/order is issued pursuant to, and any PO for the items herein will be accepted subject to Philips Healthcare Terms and Conditions posted at www.healthcare.philips.com/main/terms_conditions/. This order is signed and accepted by an authorized representative in acknowledgement of the products, pricing and terms and conditions stated or referenced herein.

CREDIT CARD INFORMATION

Type	Visa <input type="checkbox"/> Amex <input type="checkbox"/>
	Mastercard <input type="checkbox"/>
Card No.	
Expiration Date	
Name On Card	

Customer Signature & Date

Print Name & Title

Notes:

CONFIDENTIAL