



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-78447 Version: 1

League City Fire Department
300 W. Walker Street
League City, TX 77573

ZOLL Customer No: 6883

Nicole Smith
2815541207
nicole.smith@leaguecitytx.gov

Quote No: Q-78447
Version: 1

Issued Date: March 11, 2024
Expiration Date: April 30, 2024

Terms: NET 30 DAYS

FOB: Shipping Point
Freight: Prepay & Add

Prepared by: Brian Price
Vent Territory Manager
bprice@zoll.com
+1 8582291717

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1		8660-001401-01	Z Vent® Portable Ventilator Includes: 1 each: Circuit, Vent, Single Limb, WYE, Adult/Pedi, 1 each: Circuit, Vent, Single Limb, WYE, Infant, 1 Assembly Oxygen Hose 6" Long, 2 each: Filter, Foam, Inlet, 108" dia X 1/2" Long, Individually Bagged, 2 each: Filter, Disk, Fresh Gas/Emergency Air Intake, Individually Bagged, 1 Power Cord, 6" 18AWG 3 SPT-2, NEMA 5-15P, IEC60320-C5 (Check MFR), 1Power Supply, 100-240 VAC, 100W, 24V, 42A, IEC 320 & DT7L Plugs.	3	\$21,309.00	\$14,516.30	\$43,548.90
2		8660-001401-01	Z Vent® Portable Ventilator Includes: 1 each: Circuit, Vent, Single Limb, WYE, Adult/Pedi, 1 each: Circuit, Vent, Single Limb, WYE, Infant, 1 Assembly Oxygen Hose 6" Long, 2 each: Filter, Foam, Inlet, 108" dia X 1/2" Long, Individually Bagged, 2 each: Filter, Disk, Fresh Gas/Emergency Air Intake, Individually Bagged, 1 Power Cord, 6" 18AWG 3 SPT-2, NEMA 5-15P, IEC60320-C5 (Check MFR), 1Power Supply, 100-240 VAC, 100W, 24V, 42A, IEC 320 & DT7L Plugs.	2	\$21,309.00	\$11,000.00	\$22,000.00

Subtotal: \$65,548.90

Total: \$65,548.90

Additional Language

Demo Serial Number's: AY19D007883 & AY19C007715



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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. Delivery will be made upon availability.
2. This Quote expires on April 30, 2024. Pricing is subject to change after this date.
3. Applicable tax, shipping & handling will be added at the time of invoicing.
4. All purchase orders are subject to credit approval before being accepted by ZOLL.
5. 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.
6. All discounts from list price are contingent upon payment within the agreed upon terms.
7. Place your future accessory orders online by visiting the ZOLL web store.

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.

League City Fire Department
Authorized Signature:

Name: _____
Title: _____
Date: _____