

## SPECIAL ORDERS SUPPLY FORM

**Please include proper authorization.**

Phone#: (810)257-3422

REQ #: \_\_\_\_\_  
PO #: \_\_\_\_\_  
DATE: \_\_\_\_\_

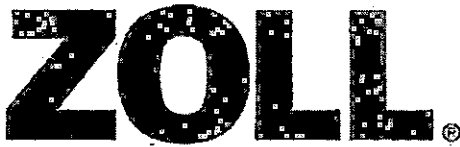
**PHONE #:** (317)919-0502 **FAX #:** (978)421-0015

*Please include vendor order forms.*

**PLEASE ALLOW 3 WEEKS MINIMUM**

Please send completed form to Office Manager

Date:

**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](mailto:esales@zoll.com)

Quote No: Q-97110 Version: 1

Genesee County Sheriff Office (Paramedic Division)  
1002 S. Saginaw Street  
Flint, MI 48502

Quote No: Q-97110  
Version: 1

ZOLL Customer No: 211761

Issued Date: January 7, 2025  
Expiration Date: March 31, 2025

Mike Galajda

Terms: NET 30 DAYS

FOB: Shipping Point  
Freight: Prepay & Add

Prepared by: Daniel Majors  
EMS CPR Territory Manager  
[daniel.majors@zoll.com](mailto:daniel.majors@zoll.com)  
+1 3179190502

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1		12-0242-000	ResQPOD ITD 10 (only)	600	\$148.00	\$143.56	\$86,136.00

Subtotal: \$86,136.00

Total: \$86,136.00

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/terms-and-conditions-of-sale>, for software products can be found at <https://www.zoll.com/software-legal>, and for ExpertCare Service Plans can be found at <https://www.zoll.com/ExpertCare-Service-Terms>. 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 March 31, 2025. 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](mailto: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.

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Genesee County Sheriff Office (Paramedic Division)

Quote No: Q-97110 Version: 1

**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.

**Genesee County Sheriff Office (Paramedic Division)**

Authorized Signature:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



269 Mill Road  
Chelmsford, Massachusetts 01824-4105  
978-421-9655 (main)  
978-421-0025 (fax)  
www.zoll.com

December 10, 2024

Sergeant Michael Galajda  
Genesee County Sheriff Office, Paramedic Division  
1002 Saginaw St.  
Flint, MI 48502

Dear Sergeant Galajda:

Thank you for your interest in ZOLL products and technologies. This letter serves to confirm that ZOLL Medical Corporation at 269 Mill Road Chelmsford, MA is the sole manufacturer and source of the ResQCPR System including the ResQPOD and its accessories.

While there are distributors that sell certain products into other healthcare channels, the nature of all ZOLL's distribution agreements limits said distributors to their respective channel. The terms and conditions do not allow for sale into the EMS marketplace.

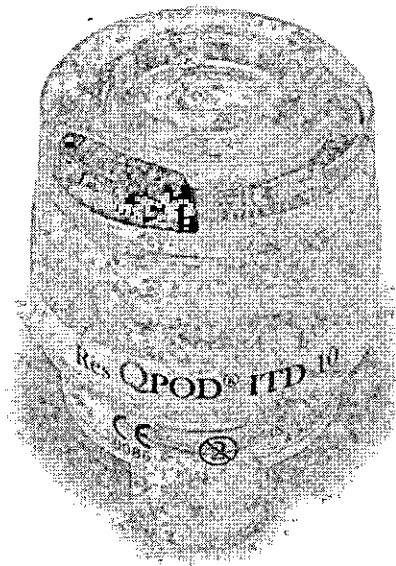
Feel free to contact me directly should you have any questions or need additional information.

Sincerely,

*Jillian K Banville*

Jillian K Banville  
Sr. Marketing Manager, North America EMS  
Jillian.Banville@zoll.com  
ZOLL Medical Corporation

This device is for pressure management during CPR. It helps drive more blood back to the heart by increasing negative intrathoracic pressure. It increases carotid and cerebral perfusion pressures while reducing intracranial pressure. So, to make it super easy; it drives a ton of blood to the heart and brain while lowering the pressure that damages the brain during standard CPR.



# ZOLL

Worldwide Headquarters  
269 Mill Rd.  
Chelmsford, MA 01824-4105

Remit To:  
ZOLL Medical Corporation  
PO Box 27028  
NEW YORK NY 10087-7028  
Phone: 978-421-9655  
Toll Free: 800-348-9011

*Prior Purchase for reference / consistency in (re) purchased product*

## Invoice

Invoice	Seq	PO Number
3927794		24-00522

### Bill To

Attn: Accounts Payable  
GENESEE COUNTY SHERIFFS OFFICE  
1002 SOUTH SAGINAW STREET  
FLINT, MI 48502

### Ship To

GENESEE COUNTY SHERIFFS OFFICE  
1002 SOUTH SAGINAW STREET  
FLINT, MI 48502

Payment Terms	Inv Date	Due Date	Sales Order Number	Customer Number
NET 30 DAYS	05-MAR-24	04-APR-24	4220041	211761
	Ship Date	Ship Via	Shipping Reference	Sales Person
	05-MAR-24	UPS	1Z038E070316518775	GILLESPIE, KEVIN CPM

Item	Description	Qty	Unit Price	Amount
1 12-0242-000	RESQPOD ITD 10	72	136.77	9,847.44

Remit to: ZOLL Medical Corporation  
PO Box 27028  
NEW YORK NY 10087-7028

Sub-Total: 9,847.44  
Tax Total: 0.00  
Invoice Total: 9,847.44  
Currency: USD

EFT or ACH information: Acct # 50084320 ABA # 011000138  
Please email EFT/ACH remittance to [EFT-ACHremit@zoll.com](mailto:EFT-ACHremit@zoll.com)

Online Payments – Register or pay as guest at  
<https://zollbillpay.radiusone.com/>

### TAX REGISTRATION NUMBER: 04-2711626

All discounts off list price are contingent upon payment within agreed upon terms.

Any invoice discrepancies must be reported to ZOLL in writing within 7 business days of receipt. Otherwise, the customer deems all charges, terms and conditions valid.

For invoice terms and conditions go to - <http://www.zoll.com/about-zoll/compliance/>

If you wish to receive your invoices via email or if you have any questions, please contact us at  
[CHM-Collection\\_Team@zoll.com](mailto:CHM-Collection_Team@zoll.com)

*Paramedic medical supply*  
*-KC*