STRYKER SALES, LLC
2825 Airview Boulevard
Portage MI 49002-1802

Proforma Invoice

EIN/VAT#

Bill To

20146018

CALDWELL COUNTY EMS
PO Box 2200
LENOIR NC 28645-2200

Customer Information

Proforma Invoice #	15005091DM
Invoice Date	5/29/2024
Currency	USD

Ship To

20042458

CALDWELL COUNTY EMS
467 REDWOOD ST
HUDSON NC 28638-2346

Remit to :	
Electronic Payments:	**Checks:**
JPMorgan Chase	**Stryker Sales, LLC**
ABA 071000013 (ACH)	**21343 NETWORK PLACE**
Account: 1035237	**CHICAGO IL 60673-1213**
ABA 021000021 (WIRE)	**USA**
SWIFT Code: CHASUS33XXX	

Please transmit in CTX format. If CTX is not possible, please send remittance information by email to EFTpayments@stryker.com

For product related inquiries please contact:
Stryker Medical Customer Service: 800-327-0770
For accounts and billing related inquiries please contact:
Stryker account receivable: 800-733-2383(Option 2)

Header Information

Customer PO	61596		
Payment Terms	Net due in 30 days	**Payment Due Date**	6/28/2024
Terms of Delivery	PCO ORIGIN		

Item	Item#/GTIN	Description	Quantity/Unit	Unit Price	Extended Price
1	650705550001	6507 POWER PRO 2, HIGH CONFIG	2.00	32,398.80	64,797.60
2	639005550001	MTS POWER LOAD	2.00	29,888.85	59,777.70
3	PROCARE	Power Pro 2 for 6507 POWER PRO 2	10.00	1,359.15	13,591.50
4	PROCARE	Power Load for MTS POWER LOAD	12.00	1,932.05	23,184.60

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Item Total	161,351.40
Freight and Handling	1,557.20
Tax	8,513.94
Gross Amount	171,422.54

The purchase of products pursuant to this invoice is subject to Stryker's then current terms of sale set forth at (see www.stryker.com/stnc). Any different or additional terms on any purchase order or other document submitted by Buyer are expressly rejected by Stryker. Acceptance of Buyer's purchase order and shipping of Stryker product to Buyer does not serve as acceptance of any such different or additional terms. The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request. STRYKER RESERVES THE RIGHT TO CHARGE A 1.5% MONTHLY FINANCE CHARGE (18% PER ANNUM) ON ALL AMOUNTS REMAINING UNPAID AT THE END OF THE NET PERIOD . NO MERCHANDISE WILL BE ACCEPTED FOR RETURN WITHOUT PRIOR AUTHORIZATION. TO OBTAIN A RETURN AUTHORIZATION OR TO REPORT DISCREPENCIES, PLEASE CALL CUSTOMER SERVICE AT THE NUMBER INDICATED ABOVE. Please refer to www.stryker.com/returnpolicy for Stryker's product return policies.