



ZOLL Medical Corporation  
 269 Mill Road  
 Chelmsford, MA 01824 USA



Louisiana-Mississippi-West Tennessee District

## Kiwanis School Order Form

Email Orders: [aed@lamisstenn.org](mailto:aed@lamisstenn.org) or Fax to 769-9215 or Toll-Free: 866-669-9215

<b>Package Donated to:</b>	_____
	School Name _____
	Attention _____
	Address _____
	City/Town, State, Zip Code _____

**Two Methods of Payment: Credit Card or Check with Purchase Document**

Credit Card Payment Information	
MasterCard <input type="checkbox"/>	American Express <input type="checkbox"/>
	Visa <input type="checkbox"/>
Credit Card Number: _____	Expiration: _____
Name on Card: _____	Security Code: _____

Item Number	Description	Quantity	Kiwanis Price	Total Price
2010000101011010	<b>KIWANIS PACKAGE INCLUDES</b>		\$ 1,224.00	\$ -
8000-0807-01	ZOLL AED Plus <sup>®</sup> with Graphical Cover			
8900-0810-01	Type 123 Lithium Batteries			
8900-0800-01	<i>pedi•padz<sup>®</sup> II</i>			
8900-0800-01	<i>CPR-D•padz<sup>®</sup></i>			
9310-0738	AED Plus 3D Wall Sign			
<b>8000-1110-01</b>	<b>En-Pro PlusTrac1</b> includes one year total solution management program, prescription, medical direction and oversight, EMS notification, online web-based tracking program and post event services			
8000-0855	<b>Alarmed Metal Wall Cabinet</b>		\$ 150.00	\$ -
8000-1111-01	<b>En-Pro PlusTrac5</b> includes a five year total solution management program, prescription, medical direction and oversight, EMS notification, online web-based tracking program and post event services		\$ 265.00	\$ -
	<b>Shipping and Handling Charges</b>		\$ 55.00	\$ -
<b>Grand Total</b>			<b>\$ -</b>	<b>\$ -</b>

Payment and Shipping Information	
<b>Payment Terms:</b> Net 30	<b>Standard Shipment:</b> UPS
<b>Shipping Charges:</b> Prepaid & Bill	<b>F.O.B.:</b> Shipping Point
<b>Taxability:</b> Applicable tax will be applied, if non-taxable please attach Tax Exemption Certificate	
<b>School Tax Exempt Number:</b> _____	<b>Bill-to:</b> _____
<b>Ship-to:</b> _____	_____
<b>(No P.O. Box #'s)</b> _____	_____
_____	_____
_____	_____

**ZOLL shall invoice and Customer shall pay against this Purchase Letter.  
 No additional terms will apply without ZOLL's written consent.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Title \_\_\_\_\_

If you have any questions, please do not hesitate contact Pam Morgan, District AED Coordinator at 769-9233 or 866-LAMSWTN (526-7986)  
 Or for Zoll Medical, Call David Fogg, 800-348-9011, x9748 or Travis Harris at cell 864-430-6255.