



ZOLL Medical Corporation
 269 Mill Road
 Chelmsford, MA 01824 USA

Kiwanis International

Louisiana-Mississippi-West Tennessee District

Kiwanis School Order Form
Email Orders to psmorgan002@aol.com

Package Donated to:	School Name:	_____
	Attention:	_____
	Address:	_____
	City/Town, St, Zip:	_____

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

Credit Card Payment Information		
Master Card <input type="checkbox"/>	American Express <input type="checkbox"/>	Visa <input type="checkbox"/>
Credit Card Number: _____	Exp. Date: _____	
Name On Card: _____	Security Code: _____	

Item Number	Description	Quantity	Kiwanis Price	Total Price
20100000101011010	KIWANIS PACKAGE INCLUDES		\$1,225.00	\$
8000-0807-01	ZOLL AED Plus with Graphical Cover			
8900-0810-01	Type 123 Lithium Batteries			
8900-0800-01	pedi padz II			
9310-0738	CPR-D padz			
	AED Plus 3D Wall Sign			
8000-0855	Alarmed Metal Wall Cabinet		\$175.00	
8000-1110-01	En-Pro PlusTrac1 includes one year total solution management program, prescription, medical direction and oversight, EMS notification, online web-based tracking program and post event services		\$135.00	\$
8000-1111-01	Plus Trac 5 Five Year Program		\$375.00	\$
GRAND TOTAL:				\$

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

Title

If you have any questions, please do not hesitate to contact Pam Morgan at 225-921-6032.