



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](mailto:psmorgan002@aol.com)

<b>Package Donated to:</b>	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
	<b>KIWANIS PACKAGE INCLUDES</b>		<b>\$1,160.00</b>	\$
8000-004000-01	AED Plus with CPR-D padz, Batteries and Carry Case			
8900-0810-01	<b>Pedi-Padz II</b> Electrodes - One Pair		<b>\$87.08</b>	
9310-0738	AED Plus 3D Wall Sign			
8000-0855	<b>Alarmed Metal Wall Cabinet</b>		<b>\$182.21</b>	
8000-1110-01	<b>PlusTrac Professional - 1 year</b> Total solution management program, prescription, medical direction and oversight, EMS notification, online web-based tracking program and post event services		<b>\$140.23</b>	\$
8000-1111-01	<b>PlusTrac Professional - 5 year (same as 1 year)</b>		<b>\$338.03</b>	\$
			<b>GRAND TOTAL:</b>	\$

Payment and Shipping information	
<b>Payment Terms:</b> Net 30	<b>Standard Shipment:</b> UPS
<b>Shipping Charges:</b> Will be applied to invoice	<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 Number

Title

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