



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

Invoice

Invoice	Seq	PO Number
3309182		200236

Bill To

Attn: Accounts Payable
FORT BEND COUNTY FACILITIES
301 JACKSON ST
SUITE 301
RICHMOND, TX 77469

Ship To

FORT BEND COUNTY FACILITIES
301 JACKSON ST
SUITE 301
RICHMOND, TX 77469

PO # 200236 R#586619

Payment Terms	Inv Date	Due Date	Sales Order Number	Customer Number
NET 30 DAYS	21-JUN-21	21-JUL-21	2500518	301928
	Ship Date	Ship Via	Shipping Reference	Sales Person
	21-JUN-21	UPS	1Z038E070312558908	ARC NATIONAL RED CROSS \$ ITS CONSTITUENT CHAPTERS AND BRANCHES

Item	Description	Qty	Unit Price	Amount
1	22500710701011010 AED PLUS, FULLY AUTO, PS SERIES, W/PA CVR, LCD, NO VOICE RCDG, W/BATT, ARC, DOMESTIC, PLUSRX	1	1,399.00	1,399.00 ✓
2	FRT SHIPPING CHARGE	1	69.80	69.80 ✓ 2
3	8000-0855 STANDARD METAL WALL CABINET w/ZOLL LOGO	1	0.00	0.00

Serial No: X21F374627

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

Sub-Total: 1,468.80 ✓
Tax Total: 121.18
Invoice Total: 1,589.98
Currency: USD

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/>

ZOLL Medical has gone Green. If you wish to receive your invoices via email instead of mail, please contact us at ZOLLInvoice@zoll.com. We will be happy to make this change for you.

