

Quote 2/11/2015

AeroMedical



14-2348

EIN 39-1787963

Products Mfg., Inc.
2230 Stonebridge Rd., West Bend, WI 53095 USA
Phone: 262-335-8000 Paul@Medicalaircraft.com

Company _____	City _____	Country _____
Address _____	ST _____	zip _____
Contact _____	Rep Albert _____	Number 1 _____

Item	Qt	PN	Description	Aircraft Make / Model / Serial Number
1	1	146	Medical Exee Divan-no upholstery power backrest	SEE 14-2349 for fold detail
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18				
19			Discount	
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File Photo

SEE additional sheets with same file ref

Total Investment

Balance Due

Official start of build will begin only after the signed Proforma, deposit/full payment and customer information packet has been received by AeroMedical Products Inc.

TERMS:

Deposit of 50% required with signed authorization of quote. Balance due 5 days prior to ship date. **Shipping charges are not included.** Shipping is FOB Milwaukee, Wisconsin-USA. All quotes are subject to change without notice prior to receipt of deposit or upon finding of incorrect price on an item. Valid for 20 days from quoted date. There are no refunds, only in store credit based on pre-approved RMA. Credit only issued for like new equipment as determined at the sole discretion of AeroMedical Products Mfg., Inc.

Quote 2/10/2015

AeroMedical



14-2347

EIN 39-1787963

Products Mfg., Inc.
2230 Stonebridge Rd., West Bend, WI 53095 USA
Phone: 262-335-8000 Paul@Medicalaircraft.com

Company _____	City _____	Country _____
Address _____	ST _____	zip _____
Contact _____	Rep <u>Marylin</u>	Number <u>2</u>

Item	Qt	PN	Description	Aircraft Make / Model / Serial Number
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1	1	146	Medical Exee Divan-no upholstery	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
2	1	1609	ramp platform loader, power	

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File Photo

SEE additional sheets with same file ref

Total Investment

Balance Due

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Proforma 9/24/2014

14-2280

AeroMedical



EIN 39-1787963

Products Mfg., Inc.
2230 Stonebridge Rd., West Bend, WI 53095 USA
Phone: 262-335-8000 Paul@Medicalaircraft.com

Company	<u>classic-transport</u>	City	_____	Country	_____
Address	_____	ST	_____	zip	_____
Contact	_____	Rep	_____	Number	<u>2</u>

Item	Qt	PN	Description
1	1	125	Standard 125 Litter
2	1	805	Install Kit
3	1	22w	Stretcher-Tapered(Composite)-Asmb
4	1	240	Mattress Assembly - Fire Blocked
5	1	62	Harness-4 Point-Assembly
6	2	64	Lap Belt
7	1	807	Oxygen System - 3500 L-Remote Fill-
8	1	228	Cover Skirts
9	1	437	Paint Imron - White per AMP-6 Ro
10	1	0	STC Copy/Permission Cert
11	1	8130-3	FAA AirworthinessTag
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Aircraft Make / Model / Serial Number



File Photo

Total Investment

Deposit

Freight

Balance Due

Official start of build will begin only after the signed Proforma, deposit/full payment and customer information packet has been received by AeroMedical Products Inc.

TERMS: See optional Equipment list

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I _____ for/on behalf of _____ agree to the terms written hereon.
(Printed Name) (Company)

X _____ Date ____ / ____ / ____ Time _____ AM/PM
(Signature)

Proforma 9/24/2014

14-2281

AeroMedical



EIN 39-1787963

Products Mfg., Inc.
2230 Stonebridge Rd., West Bend, WI 53095 USA
Phone: 262-335-8000 Paul@Medicalaircraft.com

Company	classic-Basic Life Support	City	_____	Country	_____
Address	_____	ST	_____	zip	_____
Contact	_____	Rep	_____	Number	2

Item	Qt	PN	Description
1	1	125	Standard 125 Litter
2	1	805	Install Kit
3	1	22w	Stretcher-Tapered(Composite)-Asmb
4	1	240	Mattress Assembly - Fire Blocked
5	1	62	Harness-4 Point-Assembly
6	2	64	Lap Belt
7	1	807	Oxygen System - 3500 L-Remote Fill-
8	1	228	Cover Skirts
9	1	437	Paint Imron - White per AMP-6 Ro
10	1	0	STC Copy/Permission Cert
11	1	8130-3	FAA AirworthinessTag
12	1	1510	Inverter 1000
13	1	1571	Wiring Kit - Aircraft 1000watt
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Aircraft Make / Model / Serial Number



File Photo

Total Investment

Deposit

Freight

Balance Due

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TERMS: See optional Equipment list

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(Printed Name) (Company)

X _____ Date ____ / ____ / ____ Time _____ AM/PM
(Signature)

Proforma 9/24/2014

AeroMedical



14-2282

EIN 39-1787963

Products Mfg., Inc.
2230 Stonebridge Rd., West Bend, WI 53095 USA
Phone: 262-335-8000 Paul@Medicalaircraft.com

Company	classic-advanced Life Support	City	_____	Country	_____
Address	_____	ST	_____	zip	_____
Contact	_____	Rep	_____	Number	2

Item	Qt	PN	Description	Aircraft Make / Model / Serial Number
1	1	125	Standard 125 Litter	
2	1	805	Install Kit	
3	1	22w	Stretcher-Tapered(Composite)-Asmb	
4	1	240	Mattress Assembly - Fire Blocked	
5	1	62	Harness-4 Point-Assembly	
6	2	64	Lap Belt	
7	1	807	Oxygen System - 3500 L-Remote Fill-	
8	1	228	Cover Skirts	
9	1	437	Paint Imron - White per AMP-6 Ro	
10	1	0	STC Copy/Permission Cert	
11	1	8130-3	FAA AirworthinessTag	
12	1	1510	Inverter 1000	
13	1	1571	Wiring Kit - Aircraft 1000watt	
14	1	1541	VAC sys 20"hg (508mmhg) - 3.3a	
15	1	1542	Air System 19.8LPM - 3.3a	
16	1	66	Equipment Arch	
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18				



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Total Investment

Deposit

Freight

Balance Due

TERMS: See optional Equipment list

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 (Printed Name) (Company)

X _____ Date ____ / ____ / ____ Time _____ AM/PM
 (Signature)

Proforma 9/24/2014

AeroMedical



14-2283

EIN 39-1787963

Products Mfg., Inc.

2230 Stonebridge Rd., West Bend, WI 53095 USA

Phone: 262-335-8000 Paul@Medicalaircraft.com

Company	<u>Medstar-advanced Life Support</u>	City	_____	Country	_____
Address	_____	ST	_____	zip	_____
Contact	_____	Rep	_____	Number	<u>2</u>

Item	Qt	PN	Description	Aircraft Make / Model / Serial Number
1	1	135	Medstar Litter Base	
2	1	805	Install Kit	
3	1	22w	Stretcher-Tapered(Composite)-Asmb	
4	1	240	Mattress Assembly - Fire Blocked	
5	1	62	Harness-4 Point-Assembly	
6	2	64	Lap Belt	
7	1	807	Oxygen System - 3500 L-Remote Fill-	
8	1	228	Cover Skirts	
9	1	437	Paint Imron - White per AMP-6 Ro	
10	1	0	STC Copy/Permission Cert	
11	1	8130-3	FAA AirworthinessTag	
12	1	1510	Inverter 1000	
13	1	1571	Wiring Kit - Aircraft 1000watt	
14	1	1541	VAC sys 20"hg (508mmhg) - 3.3a	
15	1	1542	Air System 19.8LPM - 3.3a	
16	1	66	Equipment Arch	
17	4	1576	Drawer w/ball bearing slide	
18	1	1555	Overhead - Digital asmb	



Total Investment

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I _____ for/on behalf of _____ agree to the terms written hereon.
(Printed Name) (Company)

X _____ Date ____ / ____ / ____ Time _____ AM/PM
(Signature)

Proforma 9/24/2014

14-2285

AeroMedical



EIN 39-1787963

Products Mfg., Inc.
2230 Stonebridge Rd., West Bend, WI 53095 USA
Phone: 262-335-8000 Paul@Medicalaircraft.com

Company	<u>medstar-transport</u>	City	_____	Country	_____
Address	_____	ST	_____	zip	_____
Contact	_____	Rep	_____	Number	<u>2</u>

Item	Qt	PN	Description
1	1	135	Medstar Litter Base
2	1	805	Install Kit
3	1	22w	Stretcher-Tapered(Composite)-Asmb
4	1	240	Mattress Assembly - Fire Blocked
5	1	62	Harness-4 Point-Assembly
6	2	64	Lap Belt
7	1	807	Oxygen System - 3500 L-Remote Fill-
8	1	228	Cover Skirts
9	1	437	Paint Imron - White per AMP-6 Ro
10	1	0	STC Copy/Permission Cert
11	1	8130-3	FAA AirworthinessTag
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Aircraft Make / Model / Serial Number



File Photo

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I _____ for/on behalf of _____ agree to the terms written hereon.
(Printed Name) (Company)

X _____ Date ____ / ____ / ____ Time _____ AM/PM
(Signature)

Proforma 9/25/2014

14-2286

AeroMedical



EIN 39-1787963

Products Mfg., Inc.
2230 Stonebridge Rd., West Bend, WI 53095 USA
Phone: 262-335-8000 Paul@Medicalaircraft.com

Company	medstar-Basic Life Support	City	_____	Country	_____
Address	_____	ST	_____	zip	_____
Contact	_____	Rep	_____	Number	2

Item	Qt	PN	Description
1	1	135	Medstar Litter Base
2	1	805	Install Kit
3	1	22w	Stretcher-Tapered(Composite)-Asmb
4	1	240	Mattress Assembly - Fire Blocked
5	1	62	Harness-4 Point-Assembly
6	2	64	Lap Belt
7	1	807	Oxygen System - 3500 L-Remote Fill-
8	1	228	Cover Skirts
9	1	437	Paint Imron - White per AMP-6 Ro
10	1	0	STC Copy/Permission Cert
11	1	8130-3	FAA AirworthinessTag
12	1	1510	Inverter 1000
13	1	1571	Wiring Kit - Aircraft 1000watt
14			
15			
16			
17			
18			

Aircraft Make / Model / Serial Number



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(Signature)