



# POLARIS<sup>®</sup>

## SALES INC.

Polaris Sales Inc  
 2100 Hwy 55, Medina (Hamel), MN 55340  
 Phone: 866-468-7783 Fax: 763-847-8288

**Contact Information:**

Name: Monte Nelson  
 Email: Monte.Nelson@ci.northfield.mn.us  
 Phone: 507-663-9301 Ext:  
 Fax:

**Bill To:**  
 Northfield Police Department

## QUOTE

[government.sales@polarisind.com](mailto:government.sales@polarisind.com)

[www.polarisdefense.com](http://www.polarisdefense.com)

[www.polarisindustries.com](http://www.polarisindustries.com)

Quote Number: QUO-42515-VKB5  
 Revision #: 0  
 Date: 7/13/2018  
 Quote Expires: 8/12/2018

Contract Name: Polaris Direct  
 Contract #:  
 Expiration Date:

Cage: 3FP69  
 Duns#: 123399383  
 Tax ID#: 41-1921490

Freight	Delivery Terms	Payment Terms	Payment Methods
FOB Destination US Continental (CONUS) Only	Within 60 days	Net 30	Visa Mastercard Wire Check

Item #	QTY	Description	MSRP	Discount Price	Extended
R19RSU99AS	1	RANGER Crew XP 1000 EPS HVAC Sunset Red - 49 State	\$26,499.00	\$24,433.12	\$24,433.12
Body Pane lKit	1	Law Enforcement Body Panel Kit- Black & White		\$549.99	\$549.99
2883874	1	Compact Rescue Skid w/Attendant Seat	\$3,499.00	\$3,581.03	\$3,581.03

Comments:

<b>SUBTOTAL</b>	\$28,564.14
<b>INSTALL*</b>	\$100.00
<b>FREIGHT</b>	\$0.00
<b>TAX</b>	\$0.00
<b>TOTAL</b>	\$28,664.14

\*Installation Pricing is Open Market



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[www.polarisdefense.com](http://www.polarisdefense.com)  
[www.polarisindustries.com](http://www.polarisindustries.com)

## Acceptance and Payment Information

Wire Payment:  
US Bank  
602 2nd Ave South  
Minneapolis, MN 55402

Phone: 1-888-799-4737  
ABA#: 091 000 022  
Acct#: 1 702 2513 9170  
Ref: Polaris Direct RANGER Crew XP 1000 EPS HVAC Sunset Red - 49  
State \_\_\_\_\_  
PO#: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

Name:  
Address:  
Address:  
Address:  
City, State & ZIP:  
Contact Name:  
Phone:

Billing Address: \_\_\_\_\_

Name:  
Address:  
Address:  
Address:  
City, State & ZIP:  
Contact Name:  
Phone:

Credit Card Holder:

Credit Card Type:        VISA    /    Mastercard

Card Number:

Expiration Date:

To accept this quotation, sign here and return: \_\_\_\_\_

Printed name: \_\_\_\_\_