



Quote

Date	Number
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08/30/2022 2216236

Quote valid for 10 days

Exceeding Your Expectations. Enhancing Your Earnings.
 40 Park Place, Lexington, VA 24450 / Ph: 540-463-6510 Fx: 540-463-6710

Bill To	Ship To
Cleveland Metroparks 44144 Chad rwh@clevelandmetroparks.com ATTN: Accts Payable	Cleveland Metroparks 44144 Chad rwh@clevelandmetroparks.com

Acct Mgr	Ship On	Ship Via	Payment Terms	PO Number
CCW	ASAP	Best Way	Credit Card	

Item	Description	Qty	Each	Total
17AC-00001	Replacement Decal, For Aluminum Dogipot Jr. And Aluminum Dogvalet	8	\$8.95	\$71.60
Estimated Shipping	**Freight is Estimate Only** Due to the current fluctuation in fuel surcharges with all common LTL carriers, rate quotes are only valid for 7 days. Therefore, please note the shipping estimate is an approximate rate and subject to change at the time of shipping.	1	\$20.57	\$20.57
Sales Tax				\$0.00
Order Total				\$92.17

I agree that the above items are correct, or I have made corrections.

I agree that a signed quote is a final sale.

Delivery of items is as noted above. Additional shipping charges may be incurred for any changes in delivery schedule, and will be the responsibility of the (client) purchaser.

ParknPool will be held harmless against all claims of liability resulting from the installation and use of these products.

Payment terms are noted above. A finance charge of 1.5% per month of the unpaid balance will be charged on overdue accounts. Client agrees to pay collection cost by law, and attorney's fees incurred in the collection of any unpaid balance. The venue for any litigation with ParknPool will be Lexington, Virginia.

Client is responsible for inspecting each shipment for damage before accepting delivery. Client must report any damage and concerns to ParknPool within 24 hours of delivery. Damaged shipments may be rejected or received by the client.

Client is responsible for the unloading and assembly of all items, unless otherwise noted above.

Original manufacturer warranties apply to the products and are available upon request.

AUTHORIZED SIGNATURE _____ Date _____