Quote

Date	Number
12/12/2023	2318261

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**
Sun City West, AZ 85375 US Karl Wilhelm karl.wilhelm@suncitywest.com **ATTN: Accts Payable**	Sun City West, AZ 85375 US Karl Wilhelm karl.wilhelm@suncitywest.com

Acct Mgr	Ship On	Ship Via	Payment Terms	PO Number
ZDB				

Item	Description	Qty	Each	Total
10BE-007R	Rivendale Rectangular Bench with Back Style: Expanded Metal Length: 6 Foot Long Mount: Portable Frame Color: Gray Coating Color: Green	48	$525.95	$25245.60
Estimated Shipping	Options listed below are also available, but not included in the price quote. Call for more information. Call Ahead Liftgate Service (to assist offload) Inside Delivery Residential Delivery Call for pricing.	1	$0.00	$0.00

Sales Tax	$0.00
Order Total	$25245.60

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 litegation 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 _____