

## Sales Quote

Legal Entity Name:	City of Lodi, WI	Date Quoted:	1/5/2022
Street Address	130 S. Main Street	Quote Valid Until:	1/31/2022
City, State, Zip	Lodi, WI 53555	Account Manager:	Paul Pirhofer
Contact Name:	Terry Weter	AM Phone#:	(305) 521-0200 ext 472
Contact Phone#:	(608) 592-3247	AM Email:	PPirhofer@blinkcharging.com
Contact Email:	tweter@cityoflodi.us	OPP #:	OPP-23310 (Sourcewell Acct #2305)

Product	Qty	Price	Sub Total
Blink IQ 200 Dual - Triangular, 1 Advanced, 1 Smart	1	\$6,081.94	\$6,081.94
Annual Blink Network - Fee IQ 200 - Dual	1	\$360.00	\$360.00
Blink Care Extended Warranty - Dual 3 Year	1	\$899.00	\$899.00
Shipping Estimate		Freight	\$287.98
		Discount	
		Subtotal	\$7,628.92

\* Tax to be calculated on Invoice

Payment in full shall be required prior to shipment of any equipment or provision of services. Unless noted, the estimated ship date will be determined once the order is placed and payment is received. The term of the Subscriptions purchased by Client shall commence on the date of installation.

### Client Acceptance:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title \_\_\_\_\_

The purchase of equipment hereunder is governed by the standard terms and conditions available at

<https://www.blinknetwork.com/equipment-tc.html>

The purchase of Blink Network Services hereunder is governed by the standard terms and conditions available at

<https://www.blinknetwork.com/network-tc.html>

**Please provide the organization's W-9 and Tax-Exempt Certificate when returning the document to Blink.**

## CONTACT INFORMATION SHEET

### Primary Contact for Invoice

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Physical address for shipping reception of Charging Stations

Same as primary Contact

What is your desired ship date? \_\_\_\_\_  
Estimated installation date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Primary Contact for Reporting & Payment Remittance (End User)

Same as primary Contact

Name on check for Payment (Matches W-9): \_\_\_\_\_  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Primary Contact for Day to Day operations of Charging Stations (End User)

Same as primary Contact

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_