Island Tech Services
Technology Mobility Vehicle

Getac BWC

Quote #ITS045670NJ v1

Prepared by:
New Jersey Office

Mike McGonigal
46 Fourth St
Somerville, NJ 08876

P: 609-820-5002 Call / Text
E: mmcgonigal@itsg.us.com

Bill to:
Little Ferry Police Department

Ronald Klein
215 Liberty St #217
Little Ferry, NJ 07643

P: (201) 641-2770
E: rkleinjr@littleferrypd.org

Ship to:
Little Ferry Police Department

Ronald Klein
215 Liberty St #217
Little Ferry, NJ 07643

P: (201) 641-2770
E: rkleinjr@littleferrypd.org

Date Issued:
01.28.2021

Expires:
04.28.2021

Contract #:

Products		Price	Qty	Ext. Price
OVWX2MXXXXX1	**Body Worn Camera (BC-02),64GB + FHD/HD/WVGA + WiFi + GPS + BLE, 1 year hardware warranty (compatible with magnetic charge cable ORB39X)** Body Worn Camera (BC-02),64GB + FHD/HD/WVGA + WiFi + GPS + BLE, 1 year hardware	$300.00	2	$600.00
oua031	**Managed Service & : Getac Cloud - Yearly Plan (Cloud 60G/Month, SW maintenance) 1st Year**	$432.00	1	$432.00
			Subtotal:	**$1,032.00**

ITS Shipping		Price	Qty	Ext. Price
Shipping	**Shipping**	$0.00	1	$0.00
			Subtotal:	**$0.00**

Quote Summary	Amount
Products	$1,032.00
Total:	**$1,032.00**

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

WE SHALL NOT BE LIABLE FOR ANY LOSS OF PROFITS, BUSINESS, GOODWILL, DATA, INTERRUPTION OF BUSINESS, NOR FOR INCIDENTAL OR CONSEQUENTIAL MERCHANTABILITY OR FITNESS OF PURPOSE, DAMAGES RELATED TO THIS AGREEMENT. MINIMUM 15% RESTOCKING FEE WITH ORIGINAL PACKAGING. PANASONIC & GETAC PRODUCTS ARE BUILT TO ORDER AND NOT RETURNABLE.

Acceptance

New Jersey Office

Mike McGonigal
Signature / Name

02/08/2021
Date

Little Ferry Police Department

Signature / Name Initials

Date

RKleinJr@littleferrypd.org
Email Address

69.195.46.51
IP Address

P.O. to follow
PO Number

980 S 2nd St, Ronkonkoma, NY 11779
Phone (631) 447-2442 * Fax (631) 447-2514

NEW CUSTOMER SETUP FORM

COMPANY NAME_____

SHIPPING ADDRESS

_____

_____

_____

BILLING ADDRESS

_____

_____

_____

WEBSITE_____

FEDERAL TAX ID#_____

TAX EXEMPT STATUS ☐ **TAXED** ☐ **TAX EXEMPT**
*****Please include your tax-exempt certificate if you are Tax Exempt*****

MAIN CONTACT INFORMATION

NAME _____

PHONE _____

FAX _____

EMAIL _____

ACCOUNTING CONTACT

NAME _____

PHONE _____

FAX _____

EMAIL _____

PREFERRED METHOD OF BILLING (Please indicate one of the following):

☐ **FAX** _____ ☐ **EMAIL**_____ ☐**MAIL TO BILLING ADDRESS**

Please fax or email this completed form to Accounting: billing@itsg.us.com
Fax number: 631-447-2514

Thank you in Advance for your cooperation
Island Tech Services LLC