



A PLAYCORE Company

Gametime Inclusive Swing Offerings

*Tax and freight estimate is 25% of the purchase price.



Adaptive Swing Seat

\$520.00



Zero-G Swing Chair (5-12)

\$738.00



Zero-G Swing Chair (2-5)

\$714.00



Expression Swing™ Universal

\$2,792.00



PrimeTime Swing - 3 1/2"

\$1,799.00



PrimeTime Solo Swing

\$1,734.00



Kelly Oakes
Territory Manager
MRC Recreation

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P.O. Box 225250,
San Francisco, CA
94122





C/O MRC
 PO Box 225250
 San Francisco, CA 94122
 Ph: 800-235-2440
 Em: MRC@GAMETIME.COM
 Web: www.mrcrec.com

12/07/2023
 Quote #
 112870-01-01

CA Olivehurst Public Utilities District Expression Seat

Olivehurst Public Utilities District
 Attn: Bri Anne Ritchie
 1970 9th Avenue
 Olivehurst, CA 95961
 Phone: 530-743-0317
britchie@opud.org

Ship to Zip 95961

Quantity	Part #	Description	Unit Price	Amount
1	5165	GameTime - Expression Swing w Adaptive Seat 3 1/2- PLEASE CONFIRM EXISTING SWING FRAME HAS A 3-1/2" OVERALL DIAMETER TOP RAIL BEFORE PURCHASING [Basic: _____] [Roto Plastic: _____]	\$2,927.00	\$2,927.00
1	5173	GameTime - Adaptive Swing w/Rung Belt	\$273.00	\$273.00
			Sub Total	\$3,200.00
			Freight	\$594.92
			Tax	\$264.00
			Total	\$4,058.92

Comments

INSTALLATION AND OFFLOADING UPON DELIVERY ARE NOT INCLUDED IN THIS PROPOSAL

KO/hd

This quotation is subject to policies in the current GAMETIME PARK & PLAYGROUND CATALOG and the following terms and conditions. Our quotation is based on shipment of all items at one time to a single destination, unless noted, and changes are subject to price adjustment. Purchases in excess of \$1,000.00 to be supported by your written purchase order made out to **GAMETIME c/o MRC**. Kindly issue one order for the equipment and a separate order for surfacing and/or equipment installation services. Customer is responsible for any required permits and fees pertaining to such permits.

PRICING / PAYMENT: Pricing f.o.b. factory, firm for 30 days from date of quotation unless otherwise stated above. Payment terms: Purchase order made payable to **GameTime**. Net 30 days for tax supported governmental agencies. A 1.5% per month finance charge will be imposed on all past due accounts. Equipment shall be invoiced separately from other services and shall be payable in advance of those services and project completion. Retainage not accepted.

TAXES: State and local taxes, if applicable, will be added at time of invoicing unless a tax exempt certificate is provided at the time of order entry.

FREIGHT/SHIPMENT: Freight charges: Prepaid and added at time of invoicing. Shipment: order shall ship within 14-16 Weeks after GAMETIME'S receipt and acceptance of your PURCHASE ORDER, signed quotation and color selections. Some products may require longer lead times. Consult with your Sales Representative for any extended lead times that may apply to your order.

RECEIPT OF GOODS: Customer is responsible for unloading and uncrating equipment from truck. Customer shall receive, unload and inspect goods upon arrival, noting any discrepancies on the Delivery Receipt prior to written acceptance of the shipment.

EXCLUSIONS: Unless specifically included, this quotation excludes all site work and landscaping; removal of existing equipment; acceptance of equipment and off-loading; storage of goods prior to installation; installation; installation tools/equipment; safety surfacing; borders and drainage provisions.

TO ORDER: Please complete the acceptance portion of this quotation and provide color selections, PURCHASE ORDER and other key information requested. Acceptance of this proposal indicates your agreement to the terms and conditions stated herein.

Sales Representative: Kelly Oakes/hd





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Acceptance of quotation: (ALL INFORMATION REQUIRED)

Accepted By (printed): _____ P.O. No: _____

Signature: _____ Date: _____

Title: _____ Phone: _____

Email: _____ Facsimilie: _____

Purchase Amount: **\$4,058.92**

Order Information: (ALL INFORMATION REQUIRED)

Bill To: _____ Ship To: _____

Bill To Contact: _____ Ship To Contact: _____

Bill To Email: _____ Ship To Email: _____

Bill To Phone: _____ Ship To Phone: (Office): _____

(Cell): _____

Bill to Address: _____ Ship To Address: _____

Bill To City, State, Zip: _____ Ship To City, State, Zip: _____

SALES TAX EXEMPTION CERTIFICATE #: _____

(PLEASE PROVIDE A COPY OF CERTIFICATE)

