

Customer Order

Customer Order Date: 04/18/2023
 Customer Order : 1000232090

Customer Information		Ship To:	Bill To
Sold To:			
Legal Name:	COUNTY OF MONTEREY		Same as (Circle) Sold To: Ship To:
DBA:	NATIVIDAD MEDICAL CENTER	NATIVIDAD MEDICAL CENTER	
Street Address:	1441 CONSTITUTION BLVD	1441 CONSTITUTION BLVD	
City,St.,Zip:	SALINAS, CA 93906-3100	SALINAS, CA 93906-3100	
Customer No.	1525201	1525201	

1. **Customer Orders.** Effective as of the date of both signatures below ("**Effective Date**"), this Customer Order is entered by and between CareFusion and Customer as separate and distinct agreements (combined for administrative convenience) for: (i) Rental Equipment and/or Software listed in the Product Schedule attached hereto and incorporated by this reference (each, a "**Product**" and, collectively, the "**Products**"); and (ii) Services applicable to the Products (collectively, the "**Customer Orders**"). The Customer Orders will be governed by the latest Master Agreement and Schedule(s) in effect between the Parties and applicable to the Products and Services ("**Master Agreement**"). Any reference to a "**Rental Term(s)**" or "**Rental Fee(s)**" in relation to Software will alternately refer to "**Subscription Term(s)**" or "**Subscription Fee(s)**", respectively. Notwithstanding the foregoing, if applicable to the Products hereunder, any reference to (a) "**Master Agreement**" will alternately refer to the Master Rental Terms and Conditions or Master Support Terms and Conditions and (ii) "**Customer Order**" will alternately refer to "**Rental Agreement**" or "**Support Agreement.**"

2. **Configurations.** Pricing set forth on the product schedules attached to these Customer Orders is based on the specific configuration, including type and quantities of drawers in the Products, as applicable. Any changes to the products or configurations may result in a change in pricing, subject to the applicable Group Purchasing Organization Agreement or other related pricing agreements between the Parties. Customer's execution of the Equipment Confirmation form shall be confirmation of the Customer's intended final configuration of the Products as Accepted.

Any one-time shipping, implementation or service fees listed on the Product Schedule attached hereto ("**One-Time Fees**") will be invoiced on the first day of the month following the date the Agreement is signed by both Parties and shall be due and payable net 30 days from the date of the invoice.

Will a Purchase Order be required for payment of the financial obligation proposed under this Customer Order?(Please Circle)

Yes	No	Rental PO#:
		Support PO#:

Copies of this Customer Order will be sent to Ship To signer listed above.
 When complete, additional copies will be sent to the following address:

Name: _____
 Street Address: _____
 City,St.,Zip: _____

Each person signing this document represents that he/she intends to and has the authority to bind his/her respective Party to the Rental Customer Order and the separate Support Customer Order.

COUNTY OF MONTEREY

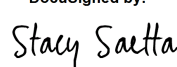
Sign: _____
 Print: _____
 Title: _____ Date: _____

CAREFUSION SOLUTIONS, LLC

ATTN: CONTRACTS, 3750 TORREY VIEW CT, SAN DIEGO, CA 92130
 888.876.4287

Sign: _____
 Print: _____
 Title: _____ Date: _____

This Customer Order is not valid until executed by both Customer and CareFusion Solutions, LLC.

DocuSigned by:

 C0ECE1B99F444A9...

8/24/2023 | 5:25 PM PDT

SALES ASSOCIATE: Tonita Daniels
 Email: toni.daniels@bd.com



**Customer Order
Product Schedule**

Customer Order : 1000232090

Sold To: NATIVIDAD MEDICAL CENTER #1525201
Ship To: NATIVIDAD MEDICAL CENTER #1525201

Support Level: Comprehensive
Rental and Support Term: 60 months

GPO: VIZIENT CE7136 DISPENSING CE7136

The fees stated in this Customer Order are offered by CareFusion for acceptance by the Customer for a period expiring on: 07/18/2023

New Products							Rental Terms			Support Terms		
							Monthly Rental Fee			Monthly Support Fee		
Proposed Location	Product ID	Rx/Prs	Product Name	P.Drws	Tr.Type	QTY	List	Net	Extended	List	Net	Extended
RENEWAL	1120-00		HealthSight Clinical Advisor		SWN	1	\$ 2,921.00	\$ 2,921.00	\$ 2,921.00	\$ 0.00	\$ 0.00	\$ 0.00
Totals:									\$ 2,921.00			\$ 0.00

Total Monthly Rental & Support Fee: **\$2,921.00**

All fees mentioned are in USD

Customer Initials: _____