



Heartland School Solutions
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 Rochester, NY 14623
 Phone: (800) 724-9853 x83489
 Email: michael.walkerjr@e-hps.com

Account: Christian County Public Schools
 HSS ID: 2474784-014269
 Date: 2/19/2026
 Contact: Rosa Robinson
 Sales Rep: Mike Walker
 Quote: Q-29483

Valid for 30 days from the date of this quote. It is provided for informational and/or budgetary purposes only.

Product Code	Hardware Products	Quantity	Price	Total
HSS0232B	HDW: HSS MOS Pin Pad 6050 Optical Scanner	7	\$ 319.00	\$ 2,233.00
HSS0662B	HDW: Discount Pin Pad	7	\$ (30.00)	\$ (210.00)
Hardware Total				\$2,023.00

Total:	\$2,023.00
Shipping:	\$84.00
Grand Total:	\$2,107.00

Agreement between said Account and Heartland School Solutions

1. Upon agreement to proceed, Heartland School Solutions requests said Account provide an original Purchase Order and signed proposal for the purchase of the products and/or services described in this proposal.
2. The Purchase Order must include both a Bill to address and Ship to address. When a valid Purchase Order is provided, there is no requirement to fill out the Address and Contact information below.
3. In lieu of a Purchase Order, this signed document may serve as the confirmation that said Account has committed the necessary funds for the purchase of the products and/or services described in this proposal.
4. In lieu of a Purchase Order, Address and Contact information must be provided below.
5. When applicable, provide a current Tax Exempt Certificate for our files, otherwise sales tax will be included on your invoice.
6. When applicable, shipping charges will be included on your invoice.
7. Your signature on this proposal confirms you understand the agreement.

Terms and Conditions

- Standard hardware product lead time is 2 weeks.
- Lead time is subject to change without notice based on product availability.
- If applicable, lead time updates will be provided.
- Prices are subject to change without notice.

This Proposal is subject to written acceptance by an authorized Purchaser and Heartland School Solutions. By signing this proposal you are agreeing to the terms and conditions set forth in this Proposal and the agreement(s) included with this Proposal or attached hereto and made a part hereof.

Signature _____ Date _____

Print Name _____ Title _____

Purchase Order # _____

If no valid Purchase Order is provided, the following Account Address and Contact Information are Required.

Bill to Account Address and Contact Information

Name _____

Phone _____

Email _____

Address _____

City _____

State _____

Zip Code _____

If possible please include +4 digits

Ship to Account Address and Contact Information (Ship to Address must not be a PO Box)

Name _____

Phone _____

Email _____

Address _____

City _____

State _____

Zip Code _____

If possible please include +4 digits