



PURCHASING AND  
MATERIALS MANAGEMENT

**City of Myrtle Beach**  
S O U T H C A R O L I N A

(843) 918-2170  
FAX: (843) 918-2182

## REQUEST FOR QUOTE

Date: September 17, 2021

The City of Myrtle Beach is interested in obtaining a price quote on the items listed below. If you would like to provide a quote please return this form with your quote information to [asowers@cityofmyrtlebeach.com](mailto:asowers@cityofmyrtlebeach.com) **NO LATER THAN 2:00PM on Wednesday, September 22, 2021.** If you have any questions, please call 843-918-2172.

<u>Line Item#</u>	<u>Qty.</u>	<u>Unit</u>	<u>Description</u>	<u>Unit Price</u>
1	1	pr	HAIX Airpower XR1 Pro (#605128) – All Sizes <ul style="list-style-type: none"> <li>• Secure inner liner, moisture barrier</li> <li>• Sun reflect, weatherproof leather</li> <li>• Arch support system</li> <li>• Composite toe cap, protective midsole</li> <li>• Slip-resistant/heat resistant rubber sole</li> <li>• Meets NFPA 1999/1977/1951 Standards</li> <li>• Meets ASTM F2413 Standards</li> </ul>	\$_____
2	1	pr	HAIX Airpower XR1 Pro (#605129) – All Sizes <ul style="list-style-type: none"> <li>• Secure inner liner, moisture barrier</li> <li>• Sun reflect, weatherproof leather</li> <li>• Arch support system</li> <li>• Composite toe cap, protective midsole</li> <li>• Slip-resistant/heat resistant rubber sole</li> <li>• Meets NFPA 1999/1977/1951 Standards</li> <li>• Meets ASTM F2413 Standards</li> </ul>	\$_____

**NOTE:** The City intends to purchase a total of 50 pairs of boots. The specific number of men’s and women’s boots will be determined at time of sizing. Vendor will be responsible for sizing. Sizing session to be held at:

Myrtle Beach Fire Station #3  
2108 South Kings Highway  
Myrtle Beach, SC 29577

If a fee is required for on-site sizing, please indicate here: \$\_\_\_\_\_

**NAME BRAND ONLY - NO SUBSTITUTIONS  
COPY OF WARRANTY MUST BE SUBMITTED WITH QUOTE**

Shipping Cost (29577)	\$ _____
SC Sales Tax 9%	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Approximately Delivery Date: \_\_\_\_\_