

**WorkplaceNL
2020-01-T
Standing Offer for the Supply of Physiotherapy Aids and Adaptive Equipment**

APPENDIX "B"

Bid Form

Name of Bidder: _____

Address: _____

Telephone No.: _____ Fax No.: _____

E-mail address: _____

Dated at: _____ this _____ day of _____ 2020

Authorized Signature

Witness Signature

Authorized Name (Printed)

Witness Name (Printed)

HST No.: _____

Product and shipping in Canadian Funds EXCLUDING HST Agree _____

Direct Deposit Agree _____

Electronic Invoicing Agree _____

Price Protection Period for 90 days Agree _____

I hereby acknowledge that I have read and understand any and all addenda Agree _____