

WorkplaceNL

2020-15-T

Standing Offer for the Supply of Home Oxygen and Sleep Apnea Equipment, Supplies and Service for Injured Workers

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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.: \_\_\_\_\_

Item costs 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 \_\_\_\_\_