

WorkplaceNL
2025-14-T
Standing Offer for Health Care Devices 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_____