



City of Morden
Reference: Community 2015-1a

New ½ Ton Pick-up Truck, 2 Wheel Drive, Single Cab

Name of Supplier: _____

Address: _____

Phone Number: _____

Equipment:
Year: _____ Make: _____ Model: _____ Colour: _____

Estimated Delivery Date: _____

Are Specifications Completed & Attached: _____

Describe Equipment Warranty: _____

Nearest Point of Full Service: _____

Price as requested: _____

Dealer Fees (Detail and amount): _____

Government fees (Details and Amount): _____

Fleet/Government Concession: _____

TOTAL Price F.O.B. Morden: _____

SPECIFICATIONS

Please provide the following:

1. STANDARD EQUIPMENT LIST,
2. SPECIFICATIONS
3. STANDARD WARRANTY

Options/Accessories

Price (if applicable):

- | | |
|------------------------------|-------|
| 1. Color – Silver or Gray | _____ |
| 2. Auto. Trans. | _____ |
| 3. Limited Slip Diff | _____ |
| 4. Air | _____ |
| 5. Cruise | _____ |
| 6. Spray in Box Liner | _____ |
| 7. Tow Hooks | _____ |
| 8. Emergency/Flashing Beacon | _____ |

Sub Total (Options/Accessories) _____

Total Price F.O.B Morden (From previous page) _____

GST _____

PST _____

Total Unit Cost _____