



**City of Morden**  
**Reference: Community 2015-1b**  
**(Alternative to Community 2015-1a)**

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

Name of Supplier: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Equipment:  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_

KM: \_\_\_\_\_

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 \_\_\_\_\_