



City of Morden
Reference: ED 2015-1

New 7 Seat Passenger Van

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/Grey | _____ |
| 2. Auto. Trans. | _____ |
| 3. ABS | _____ |
| 4. Stereo/Radio | _____ |
| 5. All Weather Tires | _____ |
| 6. Power windows | _____ |
| 7. Keyless entry | _____ |
| 8. Air | _____ |
| 9. Cruise | _____ |

Sub Total (Options/Accessories) _____

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

GST _____

PST _____

Total Unit Cost _____