



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

Used ½ Ton Pick-up Truck , 4 Wheel Drive, Quad 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. Stereo/Radio	_____
5. All Terrain Tires	_____
6. Power windows	_____
7. Keyless entry	_____
8. Air	_____
9. Cruise	_____
10. Spray in Box Liner	_____
11. Tow Hooks	_____
12. Emergency/Flashing Beacon	_____
Sub Total (Options/Accessories)	_____
Total Price F.O.B Morden (From previous page)	_____
GST	_____
PST	_____
Total Unit Cost	_____