

EXHIBIT B
Required Vendor Information
Goods

This document must be submitted with Quote by submission deadline.

DQ #: _____

DQ Title: _____

This sheet must be filled out and signed by the Offeror or an officer of the Offeror who is legally authorized to bind the Offeror to the quote.

By signing this document, the authorized agent acknowledges acceptance of all terms and conditions of this solicitation including all attachments. By signing this document, the authorized agent certifies that a conflict of interest does not exist.

Offeror(s) Legal Company Name:
Doing Business As:
Contact Person Name:
Contact Person Title:
Remit To Address:
City, State, Zip
Office Phone #:
Cell Phone #:
Contact Persons Email:
Offeror(s) FEIN:
If registered on VSS please provide Vendor Number:

Your company's shipping terms

- _____ FOB – Destination – Freight Prepaid
- _____ FOB – Destination – Freight Prepaid and Added to Invoice
- _____ FOB – Shipping Point – Freight Prepaid
- _____ FOB – Shipping Point – Freight Prepaid and Added to invoice

Estimated shipping charge \$ _____

Expected delivery date after receipt of order _____

Quote # _____ (attached). Is price on Quote inclusive of above costs? _____

Is Quote/Pricing firm for the 1-year duration of the Purchase Order or Contract? _____

Authorized Signature: _____ **Date:** _____