

BID FORM

Coagulation agent



BIDDER'S COMPANY AND SEAT				Fill in	
BID NUMBER				Fill in	
BID DATE				Fill in	
No.	Description of Goods (Goods need to be completely in accordance with the Required Specification)	Unit of measure	Optional Quantity	Unite price exclusive of VAT (EUR)	Total price exclusive of VAT (EUR)
1	Coagulation agent	kg	20.000,00		0,00
TOTAL PRICE ON DAP FSK, INCOTERMS 2020 (EUR):				0,00	
Notes: 1) All quantities are optional/non-obligatory - Buyer retains the right not to take it at all or to take less that stated.					
Manufacturer:				Fill in	
Payment Terms (required payment terms are 30 days from the date of receipt of the invoice issued on the basis of quantitative and qualitative receipt of the Goods):				Fill in	
Performance Bond in amount of 10% of the contract/minimum quantity/order value:				Fill in	
Delivery time for Goods : First delivery: The 1st of April 2026 (10t), The remaining quantity (10t) - as per customer's request.				Fill in	
Warranty period for Goods:				Fill in	
Delivery Terms (required delivery DAP FSK, Elemir, Industrijska Street 13, Incoterms 2020):				Fill in	
Custom Tariff Code:				Fill in	
Packaging of goods:				Fill in	
Country of origin of Goods:				Fill in	
Bid validity (in calendar days) *Minimum 120 calendar days from bid submission date				Fill in	
Name and surname of the athiruzed person (Contract Signatory)				Fill in	
Contact person's name and surname				Fill in	
Telephone number				Fill in	
E-mail address				Fill in	
TAX ID (TIN)				Fill in	
Company ID number				Fill in	
Signature:					
Date:					
Bidder's stamp:					