

BID FORM

Flexwall dosierer



| BIDDER'S COMPANY AND SEAT | | | | <i>Fill in</i> | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|----------|------------------------------------|------------------------------------|
| BID NUMBER | | | | <i>Fill in</i> | |
| BID DATE | | | | <i>Fill in</i> | |
| No. | Description of Goods (Goods need to be completely in accordance with the Technical assignment) | Unit of measure | Quantity | Unite price exclusive of VAT (EUR) | Total price exclusive of VAT (EUR) |
| 1 | Flexwall dosierer | PCS | 1 | | 0,00 |
| TOTAL PRICE ON DAP PANČEVO, INCOTERMS 2020 (EUR): | | | | 0,00 | |
| Notes: ... | | | | | |
| Manufacturer: | | | | <i>Fill in</i> | |
| 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 / signing of the Record of service performed): | | | | <i>Fill in</i> | |
| Delivery time for Goods (in calendar days): | | | | <i>Fill in</i> | |
| Warranty period for Goods: | | | | <i>Fill in</i> | |
| Performance Bond in amount of 10% of the contract/minimum quantity/order value: | | | | <i>Fill in</i> | |
| Delivery Terms (required delivery DAP PANČEVO, Incoterms 2020): | | | | <i>Fill in</i> | |
| Custom Tariff Code: | | | | <i>Fill in</i> | |
| Country of origin of Goods: | | | | <i>Fill in</i> | |
| Bid validity (in calendar days) <i>*Minimum 120 calendar days from bid submission date</i> | | | | <i>Fill in</i> | |
| Name and surname of the athiruzed person (Contract Signatory) | | | | <i>Fill in</i> | |
| Contact person's name and surname | | | | <i>Fill in</i> | |
| Telephone number | | | | <i>Fill in</i> | |
| E-mail address | | | | <i>Fill in</i> | |
| TAX ID (TIN) | | | | <i>Fill in</i> | |
| Company ID number | | | | <i>Fill in</i> | |
| Signature: Date: Bidder's stamp: | | | | | |