



**BID FORM**

Bid Name & No.: \_\_\_\_\_

Bid Opening Date & Time: \_\_\_\_\_

Bid Opening Location: \_\_\_\_\_

Base Bid Price (Numeric): \_\_\_\_\_

Written Price in Words: \_\_\_\_\_

This bid is to include all cost for all work, labor, materials and/or delivery of generators to sites as defined in this bid specification. We the undersigned are willing to offer a \_\_\_ percent discount on any invoice paid within \_\_\_ days of receipt by the Mobile County Health Department Finance Department as an incentive for prompt payment. Otherwise, payment terms are as stated herein. We the undersigned certify that attached to this bid form are all the required documentation including, but not limited to; W-9, Affidavit Beason-Hammon Alabama Taxpayer Act, State of Alabama Disclosure Statement, Certification of Insurance, Business License, and Bid Bond.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Representative

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone No. Including Area Code

\_\_\_\_\_  
E-Mail Address