INTRUCTIONS

**Step 1**

Tick the ‘Quote Form’ box, fill out all relevant details in the “Request to Contractor” section and forward it to the Contractor(s) for a quote (do not sign).

# Step 2

The Contractor(s) returns a copy to the Customer by the stipulated date (if any) with the “Confirmation by Contractor” section completed.

Upon receiving the quote(s) from the Contractor(s), the Customer determines which quote represents value for money.

After selecting the quote representing value for money, the Customer may seek to negotiate with the potential Contractor before finalising the Order.

**Step 3**

Upon accepting a quote, Customer’s must make sure to:

1. Reprint the Quote/Order Form, ticking the ‘Order’ box and then signing the form – it is now an Order.
2. Send the Order (and any other documents) to the Contractor to establish a Customer Contract.

The successful Contractor will then confirm that the Order has been received and will liaise with the Customer to deliver the Goods and/or Services as per the Order.

The Customer is to advise unsuccessful Contractors as soon as reasonably practical.

STEP 1: REQUEST TO CONTRACTOR – CUAGAS2023

**TO:**

(Check the appropriate boxes  and complete the information for each section below)

**Quote Form:** The Customer submits this Quote Form to the Contractor to receive a quote.

**Order:** The Customer accepts the Offer and submits this Order Form in accordance with the Head Agreement of CUAGAS2023.

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| **RFQ / Order Number:** | If Order, enter PO number, otherwise RFQ number. | **Date:** |

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| **Customer Contract Term** | \_\_\_\_\_\_\_\_\_\_ Years | | **Commencement Date:** | **End Date:** |
| Extension Options | Example: Two X 1 year extension options | |  |  |
| **Price** | As per CUA Price Schedule | |  |  |
| Attachments | YES  NO | Details of attachments, if any:  Example: Heath and Safety and Security requirements for entry to the Customer’s site | | |

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| **Domestic LPG / Medical Gas / Industrial & Specialty Gas Requirements**  *Specify site name, address, region, product, estimated usage per annum and any comments (see price schedules)* |
| Example:   1. Goods and/or Services required include:  * Medical Gas into Bulk Tanks * Medical Gas – Cylinders/Homecare/FM Service * LPG Bulk/Cylinders * Industrial & Speciality Gas  1. Details of Goods and/or Services: |

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| **Site Specific Requirements**  *Specify any requirements such as health and safety, site security requirements, etc.* |
| Example:  1. Health and Safety and Security requirements are available at our website at www.xxx.xxx.etc. |

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| **Invoicing & Payment**  *Specify all invoicing instructions* | Customer will pay invoices:  **As per Head Agreement**  within **\_\_\_\_ days as negotiated** |
| Example:   1. All invoices are to be mailed electronically to No 11, Street Name, Perth, WA 1234 (Attn: Mr. Joe Bloggs). 2. Separate invoices are to be provided for each site. | |

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| **Other Requirements, Terms and Conditions**  *Specify where to return quotes, time, to whom, provisions if any, etc.* |
| * + - 1. Requirements that may be documented include: * Customer Representative, Reporting Requirements and Meeting Requirements as per Item 9 of the Customer Contract Details * Homecare training as outlined in Section 5.2.1 * Facility Management Services as outlined in Section 5.2.2 * Delivery Services as outlined in Section 7.2 * Collection Services as outlined in Section 7.3 * Tank Replacement details as outlined in Section 7.4.1 * Invoicing as outlined in Section 11.4 * Key Performance Indicators as outlined in Section 11.6.2 * Any other bespoke requirement |

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| **Customer:** | **Date:** | |
| **Authorised Purchaser:** |
| **E-mail:** | **Fax number:** | **Phone number:** |

**STEP 2: CONTRACTOR QUOTE**

**TO:** AUTHORISED PURCHASER **CC:** NAME OF CUSTOMER

Quoted prices attached.  Negotiated prices attached.  Purchase Order confirmed received.

Other details attached: SPECIFY DETAILS OF ATTACHMENT AND INFORMATION AS REQUIRED.

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| **Contractor:** | **Signature:** | **Date:** |
| **Name:** |
| **E-mail:** | **Fax number:** | **Phone number:** |

**STEP 3: ACCEPTANCE BY CUSTOMER**

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| --- | --- | --- |
| **Customer:** | **Signature:** | **Date:** |
| **Authorised Purchaser:** |
| **E-mail:** | **Fax number:** | **Phone number:** |