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| REQUEST FOR QUOTATION  (THIS IS NOT AN ORDER) | | | | THIS RFQ  IS  IS NOT A SMALL BUSINESS SET-ASIDE | | | | | | | | | | | PAGE OF PAGES | | | | |
| 1. REQUEST NO. Tires | | 2. DATE ISSUED 11/22/2022 | | | | | 3. REQUISITION/PURCHASE REQUEST NO. | | | | | | | |  | | | | |
| 4a. ISSUED BY: AEOA/Arrowhead Transit | | | | | | | | | | | | | 6. DELIVER BY (Date): 12/7/2022 | | | | | | |
| 4b. FOR INFORMATION CALL: 218-748-7319 | | | | | | | | | | | | | 7. DELIVERY  FOB DESTINATION  OTHER (See #10) | | | | | | |
| NAME  Michelle Potter  Procurement Specialist  Arrowhead Transit | | | | | | TELEPHONE NUMBER | | | | | | |
| AREA CODE  218 | | | | NUMBER  748-7319 | | |
| 5. TO: | | | | | | | | | | | | | 8. DESTINATION Arrowhead Transit | | | | | | |
| a. NAME Craig Saari | | | | | b. COMPANY Duluth Tire craig.saari@mytireplace.com | | | | | | | | a. NAME OF CONSIGNEE | | | | | | |
| b. STREET ADDRESS 702 S 3rd Ave | | | | | | |
| c. STREET ADDRESS 2802 W Superior St | | | | | | | | | | | | | c. CITY  Virginia | | | | | | |
| d. CITY Duluth | | | | | | | | e. STATE MN | | | f. ZIP 55806 | | d. STATE  MN | | | | e. ZIP  55792 | | |
| 9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 4a ON OR BEFORE CLOSE OF BUSINESS ON  (Date) : | | | | | IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please indicate on this form and return it to the address in Block 4a. This request does not constitute a commitment to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representation and/or certifications attached to this Request for Quotation must be completed by the quoter. | | | | | | | | | | | | | | |
| 10. SCHEDULE (Include applicable Federal, State and local taxes) | | | | | | | | | | | | | | | | | | | |
| ITEM NO.  (a) | SUPPLIES/SERVICES  (b) | | | | | | | | QUANTITY  (c) | | | UNIT  (d) | | UNIT PRICE  (e) | | | | AMOUNT  (f) | |
|  |  | | | | | | | |  | | |  | |  | | | |  | |
| 11. DISCOUNT FOR  PROMPT PAYMENT | | | a. 10 CALENDAR DAYS (%) | | | | | | b. 20 CALENDAR DAYS (%) | | | | | c. 30 CALENDAR DAYS (%) | | | | d. CALENDAR DAYS | |
| NUMBER | % |
| NOTE: Additional provision sand representations  are  are not attached. | | | | | | | | | | | | | | | | | | | |
| 12. NAME AND ADDRESS OF QUOTER | | | | | | | | | 13. SIGNATURE OR PERSON AUTHORIZED TO SIGN QUOTATION | | | | | | | 14. DATE OF QUOTATION | | | |
| a. NAME OF QUOTER | | | | | | | | |
| b. STREET ADDRESS | | | | | | | | | 15. SIGNER | | | | | | | | | | |
| a. NAME (Type or Print) | | | | | | | b. TELEPHONE | | | |
| c. COUNTY | | | | | | | | | AREA CODE | | | |
| d. CITY | | | e. STATE | | f. ZIP | | | | c. TITE (Type or Print) | | | | | | | NUMBER | | | |