

ACKNOWLEDGEMENT OF TERMS & CONDITION

Name of RFQ: _____

Response Date: _____

By my signature below I agree to comply with all the terms and conditions pertaining to this Request for Qualifications.

(Company Name)

(Name of Authorized Agent – Printed)

(Street Address / P.O. Box)

(Authorized Agent Signature)

(City / State / Zip Code) (Date)

(Phone)

(Email)