

Northern West Virginia Center for Independent Living



Bid Interest Form

Company Name: _____

Company Billing Address: _____

Company Physical Address, if different: _____

Company EIN: _____

Contact Name: _____

Contact Job Title: _____

Telephone: _____

E-Mail: _____

Willing to Serve the Following Counties (check all that apply):

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Barbour | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pocahontas |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Lewis | <input type="checkbox"/> Preston |
| <input type="checkbox"/> Gilmer | <input type="checkbox"/> Marion | <input type="checkbox"/> Randolph |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Mineral | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Hampshire | <input type="checkbox"/> Monongalia | <input type="checkbox"/> Tucker |
| <input type="checkbox"/> Hardy | <input type="checkbox"/> Morgan | <input type="checkbox"/> Upshur |
| <input type="checkbox"/> Harrison | <input type="checkbox"/> Pendleton | |

Is your company able to provide on-site Assistive Technology evaluations? Yes No

Forms of payment accepted: Credit Check

Willing to keep credit card on file: Yes No

Estimated Product Delivery Time from Order: _____ Days

Return by email to: ccreamer@nwvcil.org

fax attention Clark Creamer: 304-292-5217