**WAS2016 Order Form**

**STEP 1: REQUEST TO CONTRACTOR**

**To (Contractor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Check one only  [x]

[ ]  **Purchase Order:** This is in accordance with Schedule 6 ‘Buying Rules’ of CUA WAS2016.

[ ]  **Request for Price Confirmation / Quote:** This is in accordance with Schedule 6 ‘Buying Rules’. The Contractor is to complete all price details for the Services (and any incidental products) indicated by the Customer. Quoted prices must not exceed CUA WAS2016 pricing. Please forward back the confirmed prices to the contact person.

|  |  |  |  |
| --- | --- | --- | --- |
| **Purchase Order Reference / RFQ Number:** |       | **Date:** |       |
| **Contract Rates / Price**(Check appropriate box) | [ ]  As per contracted rates  | [ ]  As quotedReference # | [ ]  As negotiatedReference # | [ ]  $ \_\_\_\_\_\_\_Reference # |
| **Customer Contract Term**(Check appropriate box) | [ ]  One Year |  |
| **With the exception of compactor bins, Customers should enter into one-year Customer Contracts at a time with a Contractor. CUA services will continue upon expiry of a Customer Contract with either party able to terminate the service by giving 14 days notice to the other party.****The Customer Contract Term will not extend beyond the Head Agreement term. The maximum potential term of the Head Agreement is 14 May 2025.** |
| **Expected Commencement Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Attachments** (to this Order Form) |  | Details of attachment (if any)  |
| Services Required (The Customer is to list and describe the service requirements, number of bins of each size, frequency of service, location and any non-standard specifications if applicable). |
|  |
| Terms and Conditions (Specify any additional terms, special conditions etc if applicable) |
| **As per CUAWAS2016** |
| Transitioning, Site Requirements, Contacts. (Specify transition and site requirements, contact persons, and any acceptance requirements etc if applicable) |
|  |
| Payment / Invoicing (Advise of payment method, invoicing instructions) |
|  |

**Customer(Site Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STEP 2: CONFIRMATION BY CONTRACTOR**

**To (Customer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  Order received[ ]  Request for price confirmation– prices provided. [ ]  Other details attached for your information.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_