

P/O No.

**PLEASE COMPLETE THIS FORM IN BOLD CAPITAL LETTERS**

**CONTRACT FORM – HSY2003 I**

Supplier \_\_\_\_\_ Supplier Representative \_\_\_\_\_

Model No. \_\_\_\_\_ Contract period \_\_\_\_\_ months.

All **scans/black** copies charged at \_\_\_\_\_ pence per page. All **colour** copies charged at \_\_\_\_\_ pence per page

Optional accessories \_\_\_\_\_ £ \_\_\_\_\_

\_\_\_\_\_ £ \_\_\_\_\_ £ \_\_\_\_\_

\_\_\_\_\_ £ \_\_\_\_\_ £ \_\_\_\_\_

\_\_\_\_\_ £ \_\_\_\_\_ Total accessories cost £ \_\_\_\_\_

Quarterly Rental/Outright Purchase: Basic machine £ \_\_\_\_\_ **Total cost** £ \_\_\_\_\_

Machine to be terminated/replaced: Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_

Agreement No. \_\_\_\_\_ Funder \_\_\_\_\_

Customer information: Organisation

Title \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Position \_\_\_\_\_ DFES No.

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

E-mail address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Invoice address  tick if same as Customer Information

Machine location  tick if same as Customer Information

Contact \_\_\_\_\_

Contact \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Organisation \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Post code \_\_\_\_\_

Post code \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

County Supplies Authorisation \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



For further information or advice please contact:  
County Supplies Buying Team [county.supplies.buying@hants.gov.uk](mailto:county.supplies.buying@hants.gov.uk)