

Information on the offer

Item(s) to be procured:	
Angebotsendpreis in Euro (netto) ohne Optionen:	
offer number:	
offer date:	

company details / Address contractor

company name:	
street and house number:	
Zip-code and town:	
represented by:	
Contact person of the contractor:	
E-Mail:	

Company information

legal form:	
register type:	
registration number:	
registration court:	
Sales tax ID number:	

Indication of whether your company, according to the definition of the EU Commission, belongs to the group of SMEs "Small and medium-sized enterprises". The following characteristics must be met:

- Total number of employees below 250
- Turnover per year up to 50 million
- Balance sheet total per year up to 43 million

Our company belongs to the group of SMEs
(Yes / No):

Information on payment arrangements ... (please tick and complete):

Payment is made either:

in accordance with § 5 (3)

☐

100% after delivery and acceptance within _____ days after invoicing.

or

☐

in partial payments:

Advance payment / NOTE: Maximum 50% permissible, and only against an original _____ % bank guarantee, which is valid until the fulfillment of the contractually agreed service.

after delivery and transfer of ownership
_____ % (max. 90%, however, less any specified advance payment)

after acceptance (the final invoice, due after the
_____ % faultless acceptance, is at least 10% of the total amount)

within _____ days after invoicing.

Delivery time and Warranty

Delivery time in calendar weeks

The delivery time from the order placement is _____ weeks

On the basis of this, the binding delivery date is agreed in accordance with § 6 (2).

Details of guarantee/warranty period included

necessary according to § 8 (2)

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The limitation period for claims for material defects of the UFZ is 24 months.

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The limitation period for claims for material defects of the UFZ is 12 months and the costs

for the extension of the material defect claims to 24 months are _____ € net.

Reference number / procedure number: Verhandlungsvergabe (Vhv) / Vhv 087_25 UFZ ID944

Anbietername / Provider's name

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Unterschrift / Signature

Ort / place

Datum / date

Name / name