APPENDIX B

CUSTOMER ORDER FORM

**FRAMEWORK FOR** **FUNCTIONAL ELECTRICAL STIMULATORS (FES) AND ACCESSORIES FOR BIRMINGHAM COMMUNITY HEALTHCARE NHS FOUNDATION TRUST (BCHC)**

Tender Reference: BCHC-16-0010

Dated: 15 September 2016

Emma Leach - Procurement Manager

Birmingham Community Healthcare NHS Foundation Trust

Customer Order Form

***CUSTOMER INFORMATION***

|  |  |
| --- | --- |
| 1. **Organisation Name:** |  |
| 1. **Contact Name:** |  |
| 1. **Email Address:** |  |
| 1. **Telephone Number/s:** |  |
| 1. **Address for Correspondence:** |  |

***SUCCESSFUL SUPPLIER INFORMATION***

|  |  |
| --- | --- |
| 1. **Company Name:** |  |
| 1. **Contact Person** |  |
| 1. **Email Address:** |  |
| 1. **Telephone Number/s:** |  |

***ORDER INFORMATION***

|  |  |
| --- | --- |
| 1. **Lot/Service Description & Service ID Number:** |  |
| 1. **Order Date:** |  |
| 1. **Order Terms (0 – 36 Months):** |  |
| 1. **Price & Unit measure:** |  |
| 1. **Previous Service Spend/Budget:** |  |
| 1. **Forecast Spend following Award (Contract Value):** |  |
| 1. **Payment Term:** |  |
| 1. **Commencement Date:** |  |
| 1. **First Invoice Date:** |  |
| 1. **Payment Profile** |  |
| 1. **Specification and Tender Response** |  |
| 1. **Key Performance Indicators (KPI’s)** |  |
| 1. **Mini-Competition Documents** |  |
| Guidance Notes for Completion  **Customer Information** | | |
| 1. Please enter your name your organisations name. | | |
| 1. Please enter your name. | | |
| 1. Please enter your corporate email address. | | |
| 1. Please enter your corporate contact number and mobile phone number if applicable. 2. Please enter your corporate postal address. | | |
| **Successful Supplier Information** | | |
| 1. Please enter the successful Suppliers name. | | |
| 1. Please enter the name of your contact point / contract manager within the supplier’s organisation. | | |
| 1. Please enter the email address for your supplier contact point. | | |
| 1. Please enter a telephone number for your contact point. | | |
| **Order Information** | | |
| 1. Please enter the Lot/Service Description & Service ID Number | | |
| 1. Please enter the order date | | |
| 1. Please enter the order term | | |
| 1. Please enter the Price & Unit measure | | |
| 1. Please enter the Previous Service Spend (if known) | | |
| 1. Please enter the Forecast spend following award (contract value) | | |
| 1. Please enter the payment term | | |
| 1. Please enter the commencement date of the contract | | |
| 1. Please enter the first invoice date | | |
| 1. Please attach the Payment Profile | | |
| 1. Please attach the Specification and Tender response | | |
| 1. Please attach the Key Performance Indicators (KPI’s) | | |
| 1. Please attach the Mini-Competition Documents (if applicable) | | |

**Submission: Once complete, please email a copy to the successful bidder.**