

APPENDIX “B”
HIDALGO COUNTY
“Lease/Rental Of Vehicles
RFB No.: 2021-065-00-00-TDL

Long Term pricing (6 months or longer) must be with and without Insurance.

DESCRIPTION OF VEHICLE: <i>Insurance coverage must be included in Bid Prices</i>	DAILY TOTAL plus free miles	WEEKLY TOTAL plus free miles	MONTHLY TOTAL plus free miles	LONG TERM plus free miles with Insurance	LONG TERM plus free miles without insurance
COMPACT	\$	\$	\$	\$	\$
INTERMEDIATE	\$	\$	\$	\$	\$
FULL - SIZE VEHICLE	\$	\$	\$	\$	\$
MINIVAN	\$	\$	\$	\$	\$
MIDSIZE SUV	\$	\$	\$	\$	\$
LARGE SUV	\$	\$	\$	\$	\$
FULL SIZE VAN	\$	\$	\$	\$	\$
MIDSIZE PICKUP	\$	\$	\$	\$	\$
LARGE PICKUPS	\$	\$	\$	\$	\$
STRAIGHT TRUCKS	\$	\$	\$	\$	\$
CABOVER TRUCKS	\$	\$	\$	\$	\$
PARCEL VANS	\$	\$	\$	\$	\$
STAKEBED TRUCKS	\$	\$	\$	\$	\$

• 24 hour Roadside assistance toll free Phone number # _____

• Location of Fleet: _____

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BIDDER'S INFORMATION

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBER:

FAX NUMBER:

CELL NUMBER:

CONTACT PERSON:

E-MAIL ADDRESS:

AUTHORIZED SIGNATURE:

TITLE:

DATE:
