



Office of Statewide Pretrial Services  
 850 East Madison Street, 3rd Floor #329  
 Springfield, IL 62702

**ATTACHMENT A: BID FORM**

Vendor Name (Official name and DBA)	
Address Line 1	
Address Line 2	
City, State, Zip Code	
Phone	
Email Address	
Billing address (if different)	
I agree that I am authorized to bind the vendor contractually, and the quotes provided will remain in full force and effect for 90 days beyond the deadline for submittal and the offer may be accepted by OSPS at any time during those 90 days.	
Name	Signature

**Primary Contact Person**

Check if same as above

Name	
Job Title	
Address Line 1	
Address Line 2	
City, State, Zip Code	
Phone	
Email	



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### Secondary Contact Person

<input type="checkbox"/>	Check if not applicable	
Name		
Job Title		
Address Line 1		
Address Line 2		
City, State, Zip Code		
Phone		
Email		