

Renewal Request Form

Henry Schein, Inc.
Mr. Andy GarringerGoldy
PO BOX 3227
Irmo, SC 29063

RE: 2018-2020 Bid# 19-13: Annual Medical Supplies

As an authorized representative of Henry Schein, Inc., I hereby agree to the renewal of this Bid, upon approval by the County, for the period October 1, 2019, through September 30, 2020, at the Bid prices and subject to the terms and conditions as stated in the original Bid.

By providing my signature in the space provided below, I agree to the terms and conditions contained in the original Bid and certify that there have not been any changes to our current, fully executed Certificate of Insurance Form on file with the County.

I understand that failure to comply with the original Bid insurance requirements at the time of renewal may result in the cancellation of the purchase order/contract. As indicated on the previous page, I agree to submit a copy of our current certificate of insurance if any types or limits have changed since our last submission again naming the Alachua County Board of County Commissioners as an additional insured with a (30) thirty-day cancellation notice.

It is my further understanding that acceptance of this request for renewal by the County is contingent upon the approval of the Alachua County Board of County Commissioners or its authorized representative, where applicable.

Check here ☐ if you do not agree to renew the above referenced Bid.

**Please sign and return this form by March 13, 2019, to the attention of Mandy Mullins,
at mmmullins@alachuacounty.us, physical address or fax number shown below.**

Mailing Address: Alachua County Division of Purchasing
12 SE 1st Street, 3rd Floor
Gainesville, FL 32601-6893
Fax Number: 352.491.4569

Bidder: _____ Company: Henry Schein, Inc.

Address: PO BOX 3227

Irmo, SC 29063

Authorized Signature: [Signature] Title: GENERAL MANAGER

Clearly Print Signature: ANDY GOLDY Title: GENERAL MANAGER

PHONE: 800 845 3550 FAX: 800 533 4793 DATE: 1/28/19

Email Address: EMS BIDS @ Henry Schein. com