

# CONFIRMATION OF ORDER

**Florida Sheriffs Association, Florida Association of Counties &  
Florida Fire Chiefs' Association**

## FIRE RESCUE VEHICLES & OTHER FLEET EQUIPMENT CONTRACT NO. FSA16-VEF12.0

Vendors are to complete and return this confirmation of order form by fax, mail or email to the following location listed below within fourteen (14) calendar days after receipt of purchase order.

**TO BE COMPLETED BY VENDOR:**

Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Specification No. \_\_\_\_\_ Type Vehicle \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_ Purchase Order Received: \_\_\_\_\_

Order Was Placed With the Manufacturer on: \_\_\_\_\_

Under Production Number: \_\_\_\_\_

Delivery should occur within \_\_\_\_\_ calendar days after receipt of Purchase Order.  
A Copy of the Production Sheet(s) are Attached for Your Files.

Comments: \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

Contact: Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_