

# Three Year Supply Agreement



## Complete in BLOCK CAPITALS

Please complete all mandatory fields marked with an asterix\*

Billing details		
Title*:	First name*:	Surname*:
Organisation*:	Address*:	
Telephone*:		
Invoicing email:		Post code*:
Fax:	GP Practice Code*:	

Delivery details	
Named person*:	Address*:
Telephone*:	
Email:	
Fax:	Post code*:

Order details*	Office use only
Freedom® 400 quantity required:	Customer number:
B10 cylinder quantity required:	BH account number:
Preferred date for first delivery:	Driver code:

Customer signature*	
Signature*:	Name*:
Position*:	Date*:

Baywater Healthcare signature (office use only)	
Signature:	Name:
Position:	Date:

Please email to: [recoveryoxygen@baywater.co.uk](mailto:recoveryoxygen@baywater.co.uk)

Terms and conditions
<p>The contractor requires that the oxygen supplier is willing to supply medical oxygen to the contractor as requested.</p> <p>The contract is for three years with an annual payment plus replacement cylinder costs as and when required. The contract will continue on a rolling basis thereafter.</p> <p>Notice period is six months and cannot be given in the first 30 months of the contract.</p> <p><b>The contractor warrants and undertakes to the oxygen supplier that</b></p> <ul style="list-style-type: none"><li>• It will ensure that empty cylinders are promptly collected and returned to the oxygen supplier to ensure that adequate supplies are maintained.</li><li>• It will maintain adequate records relating to the location of cylinders supplied under this agreement and shall be responsible for their collection and return upon termination of this agreement.</li></ul> <p><b>The oxygen supplier warrants that</b></p> <ul style="list-style-type: none"><li>• It shall perform the services with a reasonable degree of care and skill.</li><li>• That all oxygen or equipment is suitable for conveying and dispensing oxygen and complies with any statutory requirements in respect of periodic testing.</li><li>• Every person employed in the provision of this service is at all times trained, instructed and supervised.</li></ul> <p><b>Payment</b></p> <ul style="list-style-type: none"><li>• The contractor shall pay the invoice rendered by the oxygen supplier by the fifteenth day of the month following the month of invoice date.</li><li>• The preferred method of payment is Direct Debit.</li></ul>