



**State of Delaware  
DELAWARE HEALTH AND SOCIAL SERVICES**

**BIDDERS SIGNATURE FORM**

Name of Bidder: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

Type in Name of Authorized Person: \_\_\_\_\_

Title of Authorized Person: \_\_\_\_\_

Street Name and Number: \_\_\_\_\_

City State and Zip Code: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

Bidders federal Employers Identification No.: \_\_\_\_\_

Delivery Days/Completion Time: \_\_\_\_\_

F.O.B.: \_\_\_\_\_

Terms: \_\_\_\_\_

**THE FOLLOWING MUST BE COMPLETED BY THE VENDOR:**

As consideration for the award and execution by the Department of Health and Social Services of this contract, the (Company Name) \_\_\_\_\_ hereby grants, conveys, sells, assign and transfers to the State of Delaware all of its rights, title and interest in and to all known or unknown causes of action it presently has or may now hereafter acquire under the Antitrust Laws of the United States and the State of Delaware, relating the particular goods or

services purchases or acquired by the Delaware Health and Social Services Department, pursuant to this contract.