

EXHIBIT 2 – BUSINESS RESPONSE

SOLICITATION NO. 0900000520

SW0767

**VEHICLE REPAIR AND
MAINTENANCE**

Surrounding Counties you can service:

(If you have multiple locations please attach a separate sheet with the same information as above.)

Please list the brands of equipment that you are able to service and the publication used for pricing the hourly labor rate:

Which of the brands are you factory authorized from the manufacturer to work on?

Please list the brands of parts that you are able to provide:

Which of the brands of parts you are factory authorized to sell?

Lead Time for service (i.e. within 24 hours of service or parts request):

**EXHIBIT 2 – BUSINESS RESPONSE
LOCATION OF AUTO OR TRUCK REPAIR SHOPS**

LOCATION 1

NAME OF COMPANY:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____

PHONE: _____ **FAX:** _____

LOCATION 2

NAME OF COMPANY:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____

PHONE: _____ **FAX:** _____

LOCATION 3

NAME OF COMPANY:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____

PHONE: _____ **FAX:** _____

LOCATION 4

NAME OF COMPANY:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____

PHONE: _____ **FAX:** _____

IF SUPPLIER HAS MORE THAN FOUR LOCATIONS, PLEASE DUPLICATE THIS PAGE AND ATTACH TO YOUR RESPONSE.