Vendor's Offer

"Return this Section with your Response"

Offeror must complete, sign and submit an original of this form to the City Procurement Office with the proposal response. An unsigned "Vendor's Offer", late proposal response, and/or a materially incomplete response will be considered nonresponsive and rejected. Offeror is to type or legibly write in ink all information required below.

Company Name: Praxair, Inc.

Company Purchase Order Mailing Address:

Street Address: 7000 High Grove Boulevard

City, State, Zip: Burr Ridge, IL 60527

Contact Person: Diane McAvoy / Kimberley Howard Phone Number: 630-320-4166 / 630-320-4231

E-mail Address: municipalbids@praxair.com Cell Number: 630-408-2736 / 630-750-3767

Remit To Information

Company Name (as it appears on invoice): Praxair, Inc

Company Payment Remit To Address :

Street Address: PO Box 417518

City, State, Zip: Boston, MA 02241-7518

Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: N/A

Payment Options

Will your company accept the City's Master Card for payment? Yes [ ] No [X]

Will your company accept Payment via ACH (Automated Clearing House) for payment? Yes [X] No [ ]

THIS PROPOSAL IS OFFERED BY

REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

By signing this Vendor's Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. Failure to sign and return this form with proposal response will be considered nonresponsive and rejected.

* Joe Abdoo

Signature of Authorized Offeror

December 16, 2015

Date

Joe Abdoo

Print or Type Name of Authorized Individual

VP Central Region

Title of Authorized Individual

* Praxair is the current supplier. If awarded the business, we have terms and conditions in place which will be extended to cover the new supply period.