

Vendor's Offer

"Return this Section with your Response"

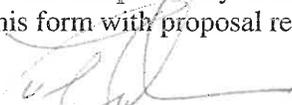
Offeror must complete, sign and submit an original of this form to the City Procurement Office with the proposal response. An unsigned "Vendor's Offer", late proposal response, and/or a materially incomplete response will be considered nonresponsive and rejected. Offeror is to type or legibly write in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

| | | | |
|--|--------------------------------|-------------------------------------|-----------------------------|
| Company Name: | Brewer Commercial Service LLC | | |
| Company Purchase Order Mailing Address: | | | |
| Street Address: | 1911 West Parkside Lane | | |
| City, State, Zip: | Phoenix, Arizona, 85027 | | |
| Contact Person: | Rob Schmidt | Phone Number: | 602-789-8858 |
| E-mail Address: | servicebcs@brewercompanies.com | Cell Number: | 602-570-0766 |
| <u>Remit To Information</u> | | | |
| Company Name (as it appears on invoice): | Brewer Commercial | | |
| Company Payment Remit To Address : | | | |
| Street Address: | 1911 West Parkside Lane | | |
| City, State, Zip: | Phoenix, Arizona, 85027 | | |
| <u>Company Tax Information</u> | | | |
| If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: | | | |
| <u>Payment Options</u> | | | |
| Will your company accept the City's Master Card for payment? | Yes | <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Will your company accept Payment via ACH (Automated Clearing House) for payment? | Yes | <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

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.


Signature of Authorized Offeror

12/22/15
Date

TIM SNYDER
Print or Type Name of Authorized Individual

PRESIDENT
Title of Authorized Individual

Vendor's Offer

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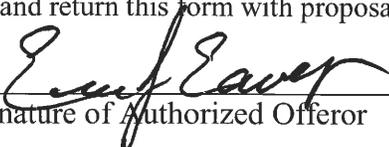
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| | |
|---|---|
| Company Name: <u>Nu Flow Services of Phoenix LLC</u> | |
| Company Purchase Order Mailing Address: | |
| Street Address: <u>3660 East Bridgeport Parkway</u> | |
| City, State, Zip: <u>Gilbert, AZ, 85295</u> | |
| Contact Person: <u>Eric Eaves</u> | Phone Number: _____ |
| E-mail Address: <u>eric@nuflowphoenix.com</u> | Cell Number: <u>602-481-1410</u> |
| <u>Remit To Information</u> | |
| Company Name (as it appears on invoice): <u>Nu Flow Services of Phoenix LLC</u> | |
| Company Payment Remit To Address : | |
| Street Address: <u>3660 East Bridgeport Parkway</u> | |
| City, State, Zip: <u>Gilbert, AZ, 85295</u> | |
| <u>Company Tax Information</u> | |
| If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: _____ | |
| <u>Payment Options</u> | |
| Will your company accept the City’s Master Card for payment? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
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Signature of Authorized Offeror

Dec. 18, 2015
Date

Eric Eaves
Print or Type Name of Authorized Individual

Owner
Title of Authorized Individual