

Vendor's Offer

"Return this Section with your Response"

It is REQUIRED that Bidder COMPLETE, SIGN and SUBMIT the original of this form to the City Procurement Office with the bid response offer. An unsigned "Vendor's Offer", late bid response and/or a materially incomplete response will be considered nonresponsive and rejected.

Bidder is to type or legibly write in ink all information required below.

Company Name: <u>WEST COAST TURF</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>PO BOX 4563</u>	
City, State, Zip: <u>PALM DESERT, CA 92261</u>	
Contact Person: <u>JOE TRAFICANO</u>	Phone Number: <u>480 797 9061</u>
E-mail Address: <u>JOE.TRAFICANO@WESTCOASTTURF.COM</u>	Cell Number: <u>480 797 9061</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice): <u>WEST COAST TURF</u>	
Company Payment Remit To Address :	
Street Address: <u>PO BOX 4563</u>	
City, State, Zip: <u>PALM DESERT, CA 92261</u>	
<u>Company Tax Information</u>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: <u>N/A</u>	
<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 BID IS OFFERED BY

REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

By signing this offer, Bidder acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other bidder or potential bidder. Failure to sign and return this form with bid response will be considered nonresponsive and rejected.

Joe Traficano
Signature of Authorized Offeror
JOE TRAFICANO
Print or Type Name of Authorized Individual

6/2/16
Date
SALES MGR
Title of Authorized Individual

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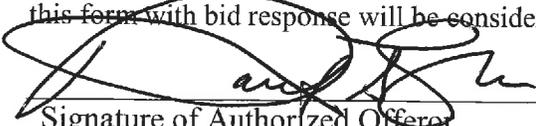
Bidder is to type or legibly write in ink all information required below.

Company Name: <u>Evergreen Turf</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>P.O. Box 2770</u>	
City, State, Zip: <u>Chandler AZ 85244</u>	
Contact Person: <u>Dave Thomas</u>	Phone Number: <u>480-456-1199</u>
E-mail Address: <u>dave@evergreenturf.com</u>	Cell Number: <u>480-267-4985</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice): <u>Evergreen Turf</u>	
Company Payment Remit To Address :	
Street Address: <u>P.O. Box 2770</u>	
City, State, Zip: <u>Chandler, AZ 85244</u>	
<u>Company Tax Information</u>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: <u>67398</u>	
<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"/>

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Signature of Authorized Offeror
David S. Thomas
Print or Type Name of Authorized Individual

7/5/2016

Date
Business Developer
Title of Authorized Individual