
TULSA COUNTY

**PURCHASING
DEPARTMENT**

MEMO

DATE: JUNE 23, 2014

FROM: TERRISA A. HARDY 
ASSISTANT PURCHASING DIRECTOR

TO: BOARD OF COUNTY COMMISSIONERS

SUBJECT: AMENDMENT #2 –COMPRESSED GASES & MEDICAL GASES BID- COMPANY NAME CHANGE

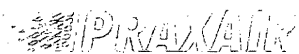
ON JUNE 9, 2014, THE BOARD OF COUNTY COMMISSIONERS APPROVED TO EXTEND THE BID FOR COMPRESSED GASES AND MEDICAL GASES TO BEST WELDER'S SUPPLY, INC., CMF#231338. THE PURCHASING DEPARTMENT HAS RECEIVED NOTIFICATION FROM BEST WELDER'S SUPPLY THAT THEY HAVE SOLD THEIR BUSINESS TO PRAXAIR DISTRIBUTION, INC. THEY HAVE A NEW TAX ID NUMBER AND A NEW NAME OF PRAXAIR DISTRIBUTION, INC.. BID PRICING AND CONDITIONS WILL REMAIN THE SAME. THEREFORE, WE RESPECTFULLY REQUEST THE BOARD OF COUNTY COMMISSIONERS APPROVE THE FOLLOWING NAME CHANGE.

THIS AMENDMENT IS RESPECTFULLY SUBMITTED FOR YOUR APPROVAL.

TAH/sks

ORIGINAL: PAT KEY, COUNTY CLERK, FOR THE JUNE 30, 2014 AGENDA.

COPIES: COMMISSIONER JOHN M. SMALIGO
COMMISSIONER KAREN KEITH
COMMISSIONER RON PETERS
MARK LIOTTA, CHIEF DEPUTY
MICHAEL WILLIS, CHIEF DEPUTY
VICKI ADAMS, CHIEF DEPUTY
BRUCE DART, DIRECTOR, HEATH DEPARTMENT



Praxair Distribution, Inc., 2301 SE Creekview Dr., Ankeny, IA 50021
Customer Financial Services Ph 800-266-4369 Fax 515-965-6683

2791 - 1/3 8369

May 30, 2014

TULSA COUNTY HWY CONST
6601 N 115TH EAST AVE
OWASSO OK 74055-3900



**Announcement to All Customers Formerly of:
Best Welders Supply, Inc.**

On February 3, 2014, Best Welders Supply of Tulsa, OK was acquired by Praxair Distribution, Inc. Although the name has changed, our employees remain dedicated to your satisfaction for industrial, specialty and medical gases and welding related products. We pledge to continue to build on Best Welders Supply's tradition of business excellence.

We hope you will be as pleased as we are that the employees of Best Welders Supply have joined Praxair Distribution, and are helping to facilitate a smooth transition. We appreciate your loyalty and want you to know that we will operate as a locally based business to bring you all the benefits of a large North American business that, despite its size, recognizes the importance of being able to respond to your needs. We will continue to work with you and your company to strengthen our partnership in this ever-changing environment.

On June 2, 2014, we will begin to implement the changeover from Best Welders Supply's computer system to Praxair's. Please note that you will receive a new account number, which will appear on your first invoice dated after June 2nd. We have taken measures to protect the data in your account so that this change will appear as seamless as possible to you. However, any conversion may bring with it an occasional, unforeseen surprise and I ask for your patience and understanding should you discover an error has occurred. Please feel free to contact your Account Manager or local sales office for assistance at any time.

Please **remit** all future **payments** to the following address:

**Praxair Distribution, Inc.
PO Box 120812 Dept 0812
Dallas, TX 75312-0812**

The PO Box in Dallas is for payments only. All other correspondence should be sent to your local sales office:

**Praxair Distribution, Inc.
1824 Southwest Blvd
Tulsa, OK 74107**

For your convenience, our Federal Identification number is 94-1693764. Please find a W-9 form enclosed for your records or AP Department.

In order to comply with state laws, we require that you provide Praxair with an updated exemption certificate if your company qualifies for a sales tax exemption status. If your purchases are subject to tax, we do not require an exemption certificate. For your convenience, a partially completed exemption certificate is enclosed. Please fully complete the certificate and return to Praxair Distribution; Attention: Sales Tax Department; 2301 SE Creekview Drive; Ankeny, IA 50021, fax it to the Sales Tax Department at (515)963-3890 or email it to PDISalesTax@Praxair.com. Please note that customers claiming exempt status in FL, IN, LA, MA, MS, NY, VA or WV must submit the state issued certificate and the states of DE and OR do not require a certificate.

Thank you in advance for your patience - and your business. Please contact us as we would like to hear any feedback you may have to offer about this change.

Luiz Oliveira
Regional Vice President



MULTI-JURISDICTION SALES TAX EXEMPTION CERTIFICATE

Account #: BTD15
Name: TULSA COUNTY HWY CONST
Address: 6601 N 115TH EAST AVE
City/St/Zip: OWASSO OK 740553900

Issued to: Praxair Distribution, Inc.
2301 SE Creekview Drive
Ankeny, IA 50021
Return Fax to: (515) 963-3890

Reason for Claiming Exemption

- For Resale (12)
Agriculture (15)
Non-Profit (19)
Manufacturing (10)
Government (11)
Other

I certify that the above named company is registered with the below listed state within which Praxair Distribution, Inc. would deliver purchases to us, and that any such purchases are used in the normal course of business in a manner as to make them exempt from sales tax.

Table with 3 columns: STATE, SALES TAX EXEMPTION NUMBER (if applicable), EXPIRATION DATE (if any)

I further certify that if any property so purchased exempt from sales tax is used or consumed by the firm as to make it subject to sales or use tax, we will pay the tax due directly to the proper taxing authority. This certificate shall be part of each order which we give to you, and shall be valid until canceled by us in writing or revoked by the city or state.

Exemption Options (CHECK ONE)

- Blanket Exemption, exempt on all purchases from Praxair Distribution, Inc.
Blanket Exemption, exempt on all purchases from Praxair Distribution, Inc. Exemption includes Cylinder Rental/Lease
Specific Exemption, exempt only on the following items:
Industrial Gases, Carbon Dioxide, Helium, Nitrogen, Medical Gases, Other Gases, Dry Ice, Cylinder Rental/Lease, Arc Repair Parts and Books, Equipment Rental, Medical Equipment, Tools, Welding Equipment, Repair Parts, Filler Material, Welding Wire and Rod, Abrasives, Safety Products, Balloons
Single Purchase Exemption, exempt on a single invoice/order

By signing this form, I affirm that the information on this form is true and correct to the best of my knowledge as to every material matter and that I am a duly authorized agent or officer of the business or company listed above.

(Authorized signature) (Title) (Date) (Phone Number)

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Name (as shown on your income tax return)
PRAXAIR DISTRIBUTION, INC.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
2301 SE CREEKVIEW DRIVE

City, state, and ZIP code
ANKENY, IA 50021

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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Employer identification number

9	4	-	1	6	9	3	7	6	4
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ 12/31/13

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.