



Cells that are highlighted in yellow must be completed. The form is not complete if there are any highlighted cells

Return the completed questionnaire to:	Name	_____
	E-mail	_____
	Fax	_____

Praxair, Inc. PO Box 44, Tonawanda, NY 14151

COMMERCIAL SUPPLIER QUESTIONNAIRE

Section 1 -- Supplier Master Record

1.0 Identification

1.a Company Name _____
 Division _____ Subsidiary of _____
 Home Office Street Address _____
 City _____ State _____ Zip _____
 Telephone No. _____ Key Contact _____
 Fax No. _____ E-mail _____

Payment/Remit to Address

Address _____ City _____
 State _____ Zip _____ Telephone _____ Fax _____
 1.b SIC Classification: _____ DUNS#: _____
 (DUNS # not req'd for sole proprietor, it can be obtained free of charge via Web address <http://fedgov.dnb.com/webform>)

1.c For Electronic Funds Transfer Use: Bank's Country: _____

Bank Name _____ Checking or Savings Account _____
 Bank Transit Number (ABA#) _____ Account Number _____
 Currency _____
 Bank Address _____ (Suppliers located outside the U.S.A.)
 IBAN _____ BIC/SWIFT Code Reference/Roll # _____

1.d Person/Corporation Substitute Form W-9 - (Check appropriate box). (USA suppliers only)

P Individual/Sole Proprietor C Corporate Entity Non USA Supplier
 N Non-Corporate Entity/Partnership L LLC Other
 Federal Employer Identification Number (EIN): _____ Social Security # _____

Certification: Under penalties of perjury, I certify that:

- The above listed Federal Tax Identification (EIN) or Social Security Number is correct.
- I am not subject to backup withholding due to failure to report interest and dividend income. NOTE: Cross out item 2 if you are subject to backup withholding as a result of a failure to report interest and dividend income.
- I am a United States citizen (including a United States permanent resident).

Name of U.S. citizen or resident alien: _____ Date: _____

IF YOU ARE A USA SUPPLIER AND YOU FAIL TO SUBMIT A PROPERLY COMPLETED FORM W-9 YOU MAY BE SUBJECT TO BACKUP WITHHOLDING. TO PREVENT, SIGN AND ATTACH YOUR W-9 FORM TOGETHER WITH THIS QUALIFICATION. (NOTE: THE FOLLOWING LINK WILL TAKE YOU TO THE IRS WEB PAGE: <http://www.irs.gov/>)

If you are a Non USA Supplier and you will be performing any service under this contract in the United States or if Praxair will be paying you either rents, fees, royalties or other payment for use of your asset (tangible or intangible) in the United States, Please submit via mail to Praxair (175 East Park Drive, Tonawanda, NY 14150 Attn: Procurement) the application IRS Form W-8BEN or Form 8233. (This link will take you to the IRS web page:<http://www.irs.gov/>) or else mail to us the application IRS form W-8BEN. On the W-8BEN form complete only Part I (Identification of Beneficial Owner) and Part IV (Certification)

1.e Additional Government Classifications - (Check appropriate box or boxes) (USA Suppliers only)

None of the following/Not A Small Business Concern Small Disadvantaged Business Concern
 Small Business Concern Woman-Owned Small Business Concern
 HubZone Small Business Concern Veteran-Owned Small Business Concern
 Service-Disabled Veteran-Owned Small Business Concern Government Municipality

Note: Classifications other than "None of the Following/Not a Small Business Concern" require the Small Business Self-Certification form. Please contact us to provide the form to be completed and send together with this qualification.

1.f To be completed by all suppliers

Are you a C-TPAT member? (Customs Trade Partnership Against Terrorism)
 YES, Indicate SVI number, or enclose a copy of C-TPAT certificate. SVI _____
 NO, Please complete Section 1.g below.

1.g Are any of the products that your company will supply to Praxair manufactured outside the US?

YES If yes, please provide contact information below for additional follow-up.
 NO Name: _____
 Title: _____
 Email: _____

Section 2

2.0 Additional Commercial Information

Primary Business _____
 Products/Services _____