


**NORDAM SUPPLIER INFORMATION FORM**
**Instructions for the Vendor:**

*This form is to collect data for evaluation of suppliers for initial set-up or to update Supplier information for existing Suppliers. The information provided may be used by The NORDAM Group LLC, NORDAM Europe Limited, NORDAM Transparency Europe Ltd., and the affiliates and divisions of each.*

**Complete this form and return signed copy directly to the respective NORDAM representative who requested this document.**

- New Supplier Set-up (complete all data on form)  
 Changes to Data for Existing Supplier (Complete Buy-From section plus any information that has changed)

**Buy-From Information:**

Company Name:			
Doing Business As : <i>(if different than above)</i>			
Street Address: <i>(that Goods or Services are delivered to NORDAM):</i>			
City, State:			
Postal/Zip Code:		Country:	
Sales Contact Name:			
Sales Phone #:		Sales Fax #:	
Sales e-mail:			

**Parent Company Information: (if different than Buy-From information)**

Parent Company Name:			
Street Address:			
City, State:			
Postal/Zip Code:		Country:	

**Remit-To Information: (if different than Buy-From information)**

Remit-To Company Name:			
Street Address:			
City, State:			
Postal/Zip Code:		Country:	
Remit-To Contact Name:			
Remit-To Phone #:		Remit-To Fax #:	
Remit-To e-mail:			

**International Information:**

GST Number:		VAT Number:	
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**Payment Information:**

Enter information for payment method:

<b>VISA - Preferred method (only available inside the continental U.S)</b>			
<input type="checkbox"/> <b>USA ACH Electronic Fund Transfer (EFT/ACH)</b>		<input type="checkbox"/> <b>UK Bankers Automated Clearing Service (BACS)</b>	
Bank/Institution Name:			
Branch:			
ABA/Sort Code Routing:		Account Number:	
<input type="checkbox"/> <b>Singapore Automated Clearing Services (SACH)</b>			
Bank/Institution Name:			
Bank Code:			
Branch Code:		Account Number:	
<input type="checkbox"/> <b>Bank Wire (Priority Payment- only available outside the continental U.S.)</b>			
Bank/Institution Name:			
ABA/Swift Number:			
Account / IBAN Number:		Account Number:	

**Commercial Insurance: Attach copy of the Certificate of Insurance**

Insurance Carrier Name:			
Policy Effective:	From Date: <i>(mm/dd/yyyy)</i>	Thru Date: <i>(mm/dd/yyyy)</i>	
<b>Type of Coverage:</b>			
Workers Compensation and Employers Liability:	<input type="checkbox"/> Yes <i>Limits of Liability \$</i>		<input type="checkbox"/> No
Commercial General Liability:	<input type="checkbox"/> Yes <i>Limits of Liability \$                      Policy Aggregate \$</i>		<input type="checkbox"/> No
Product / Completed Operations Coverage:	<input type="checkbox"/> <i>Included</i>	<input type="checkbox"/> <i>Excluded</i>	
Commercial Automobile Liability Coverage:	<input type="checkbox"/> <i>Included</i>	<input type="checkbox"/> <i>Excluded</i>	

**IRS Information:**
**Section A: Items to be Purchased:**

Indicate items to be purchased. Complete section below (1-4) for all expected transactions.	
• Tangible goods:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Rights to use:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**1. Tangible Goods:**

- a. List type of goods: \_\_\_\_\_
- b. Shipping Terms: \_\_\_\_\_
- c. Where does change of ownership (title and risk of loss) take place: must indicate at least one of the three options below:
  - i. At supplier shipping dock:  Yes  No  
List country(s) in which dock(s) located: **(If U.S. is included; also see section B)**  
\_\_\_\_\_
  - ii. At buyer's dock:  Yes  No **(If yes, also see Section B)**  
\_\_\_\_\_
  - iii. At drop shipment or other location:  Yes  No  
List country(s) in which dock(s) located: **(If U.S. is included; also see section B)**  
\_\_\_\_\_

**2. Services:**

- a. List type of service: \_\_\_\_\_
- b. List country(s) where service is performed: **(If U.S. is included; also see section B)**  
\_\_\_\_\_

**3. Rights to use (tangible property, patents, software, copyrighted material, etc.):**

- a. List type of property: \_\_\_\_\_
- b. List country(s) where property will be used by buyer: **(If U.S. is included; also see section B)**  
\_\_\_\_\_

**4. Other : (example- If insurance, describe the insurance type and where the insured person or property resides)**

- a. List goods or service:  
\_\_\_\_\_
- b. List country(s) where change of ownership occurs or location service performed: **(if U.S. is included; also see section B)**  
\_\_\_\_\_

**Section B: IRS Document Required**

If response in Section A referred you to Section B, provide the appropriate and properly completed IRS form: see IRS website for further instructions on which form to use:

- **W-8BEN** - Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals) <https://www.irs.gov/uac/Form-W-8BEN,-Certificate-of-Foreign-Status-of-Beneficial-Owner-for-United-States-Tax-Withholding>

- **W-8BEN-E** - Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) <https://www.irs.gov/uac/About-Form-W-8BEN-E>
- **W-8ECI** - Certificate of Foreign Person's Claim that Income is Effectively Connected with the Conduct of a Trade or Business in the United States <https://www.irs.gov/uac/About-Form-W8ECI>
- **W-9** - Request for Taxpayer Identification Number or Certification for a U.S. trade or business. <https://www.irs.gov/uac/About-Form-W9>

**Supplier Signature:**

The information on this form is provided based on the best of my knowledge on this date.

Name (please print):		
Signature		Date: (mm/dd/yyyy)
Job Title / Position		

### Doing Business with NORDAM

**CONFLICT MINERALS**

NORDAM supports the SEC's final rule concerning Conflict Minerals, which was promulgated pursuant to Section 1502 of the Dodd-Frank Wall Street Reform and Consumer Protection Act (the "Rule"). In order to support the rule, NORDAM requires our Suppliers to provide the necessary effort in obtaining the information required to support our Customer's SEC filing requirements. Supplier will support NORDAM by participating in the Conflict Minerals "Reasonable Country of Origin" inquiry for all products supplied to NORDAM. Support means responding in a timely manner to all inquiries NORDAM requests for products supplied by Supplier. (NORDAM currently utilizes the CFSI EICC GeSI Survey Template to gather information.)

**Conflict Minerals Point(s) of Contact: name, email, phone #**

**HUMAN TRAFFICKING**

Supplier will comply and support regulatory compliance requirements as identified by Federal, State, Local and international laws and regulations to ensure that products provided to NORDAM do not violate basic working conditions, human rights and safety as identified in the "Trafficking Victims Protection Reauthorization Act's" (TVPPRA) and other such laws and regulations protecting individuals in the workplace. It is NORDAM's expectation that Suppliers flow down this requirement to their suppliers. If Supplier suspects a potential violation, Supplier must immediately contact NORDAM to discuss remedy solutions. For guidelines on how to accomplish this in your supply chain, please review the information provided by the US Department of Labor and US Department of State.

**Human Trafficking Point(s) of Contact: name, email, phone #**

**ENVIRONMENTAL HEALTH & SAFETY**

Supplier will comply and support NORDAM in regulatory compliance requirements as identified by Federal, State, Local and international laws and regulations (e.g., EPA Clean Air and Water, TSCA, DOT, OSHA, REACH). As required, Supplier will identify and provide NORDAM with the chemicals (by CAS #) contained within their products and/or articles in order to comply with domestic and international reporting requirements.

**EH&S Point(s) of Contact: name, email, phone #**

**COMPLIANCE WITH APPLICABLE LAWS**

"Applicable Law" means any applicable statute, treaty, code, regulation, ordinance, order, procurement policy, rule, license or certificate of a government, and includes but is not limited to the (i) regulations of EASA and the FAA, including without limitation, Federal Aviation Regulations Part 121 Appendix I & J - Anti drug and Alcohol Misuse Prevention Program; (ii) the Export Administration Regulations ("EAR") of the U.S. Commerce Department's Bureau of Industry and Security ("BIS"); (iii) the International Traffic in Arms Regulations ("ITAR") of the U.S. State Department's Directorate of Defense Trade Control ("DDTC"); (iv) rules and regulations of the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"); (v) all applicable environmental and export and import laws; and (vi) the Federal Acquisition Regulations (FAR) and supplements thereto.

<b>Compliance Point(s) of Contact: name, email, phone #</b>
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**CUSTOMS SECURITY PROGRAMS**

Supplier voluntarily participates in supply chain security programs as follows (check at least one box):

None at the time:	
Customs-Trade Partnership Against Terrorism (C-TPAT) Number:	
Singapore Security Trade Partnership Plus Number (STP):	
EU Authorized Economic Operator Program Number (AEO):	
Canada Border Services Agency's Partners in Protection Program (PIP):	
Mexico Tax Administration Service's New Scheme of Certified Companies (NEEC) Program:	
OTHER (Please identify program by name):	
<b>Supply Chain Security Point(s) of Contact: name, email, phone #</b>	

**Supplier acknowledges that it understands the requirement of "Doing Business with NORDAM" and will support NORDAM by responding to all inquiries to meet laws, regulations and program requirements as identified.**

<b>Signature:</b>	<b>Date:</b>
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**Small Business Self-Certification:**

Company Size:( <i>number of employees</i> )		Primary NAICS Code:	
CAGE Code:		DUNS Number:	

Select one or more of the business categories:	
<input type="checkbox"/> <b>Large Business (other than Small Business)</b>	
<input type="checkbox"/> <b>Small Business</b>	
<input type="checkbox"/> <b>Small Disadvantaged Business (SDB)</b>	<input type="checkbox"/> <b>Women-Owned Small Business (WOSB)</b>
<input type="checkbox"/> <b>Historically Black College/University (HBCU/MI)</b>	<input type="checkbox"/> <b>Certified by SBA as HUB Zone Business</b> Certificate #: Expiration Date:
<input type="checkbox"/> <b>Veteran-Owned Small Business (VOSB)</b>	
<input type="checkbox"/> <b>Service-Disabled Veteran-Owned Small Business (SDVOSB)</b>	<input type="checkbox"/> <b>Minority Owned Small Business</b> Specific Minority:
<input type="checkbox"/> <b>Alaska Native corporation or Indian Tribe (ANC/IT) that has been certified as small disadvantaged business (SD)</b>	<input type="checkbox"/> <b>Alaska Native corporation or Indian Tribe (ANC/IT) that is not a small business</b>

*You may wish to review the definitions of the above categories in the Federal Acquisition Regulations 19.701 or 52.219-8 (<https://acquisition.gov/far>). If you have difficulty ascertaining your size status, please call 1-800-U-ASK-SBA or refer to the SBA's website at [www.sba.gov](http://www.sba.gov). Under 15 U.S.C.645(d), any person who misrepresents company size status shall (1) be punished by a fine, imprisonment, or both, (2) be subject to administrative remedies, and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.*

**Certification Signature:** Supplier's certification signature applies to the Small Business Self-Certification. It is our responsibility to notify NORDAM of status changes per CFR 121.109.

Signature		Date (mm/dd/yyyy)
Job Title / Position		