



**CHAMPION AEROSPACE**

1230 Old Norris Road Liberty, SC 29657

Phone: 864 843 1162

Fax 864 843 5469

Form 7410005

**CHAMPION AEROSPACE VENDOR INFORMATION FORM**

**Legal Name**  
(tax reported name) \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**New Vendor**

**Change to Existing Vendor**

If change to company name or FEIN for existing vendor:

Previous Co. Name \_\_\_\_\_

Previous FEIN \_\_\_\_\_

Check all that apply

Remove B hold       Remit to change

Place on B hold       Terms change

**PLEASE MARK APPROPRIATE CLASSIFICATION**

Individual/Sole Proprietor       Corporation       Partnership       Other \_\_\_\_\_

**SOCIAL SECURITY NUMBER**  
(for Individual/Sole Proprietor)

**FEDERAL EMPLOYMENT IDENTIFICATION NUMBER**  
(for Corporations, Partnerships and Other)

\_\_\_\_\_

\_\_\_\_\_

Is Champion required to send above company a 1099?       Yes       No

If Champion is required to send a 1099 the classification would be:       Non-Employee Comp       Medical       Legal

**REMIT TO NAME/ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**BUSINESS CLASSIFICATION (MARK ALL THAT APPLY)**

Small Business       Large Business

Disadvantaged       Service Disabled

Woman Owned       Non Profit

Hub Zone       Foreign Owned

Veteran Owned       Minority Owned

**PAYMENT TERMS**

Discount       Disc Days       Net **45**

I certify under the penalty of perjury that:

- (1) the Tax Identification Number I have provided is correct
- (2) I am not subject to backup withholding due to failure to report interest and dividend income or I am exempt
- (3) I am a U.S. citizen (including U.S. resident alien) (Not applicable to foreign entities)

The IRS does not require your consent to any provision of this document other than that the certifications required to avoid backup withholding.

Vendor Contact Completing Form

Title

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*\* For Champion Use Only \*\*\*\*\***

<b>Description of Product or Services:</b>	<b>Assigned Buyer:</b>	<b>Is an inspection required for Quality purposes? YES/NO</b>
	_____	

**REQUESTOR REQUIREMENT PRIOR TO SET UP OR CHANGE:**

I attest that I have independently verified with \_\_\_\_\_, of the above company, the validity of the above remit to information.

**Champion Requestor Verification Signature/Date:**

**Vendor Class:** \_\_\_\_\_  
For list of choices: see Vendor Class PDF document: O:\General Documents\ Champion Aerospace Forms\ACCTG

**FOR ACCOUNTING USE ONLY:**  
**Payment Type (circle) CK/B4      WR/B5      CC/B6**

**Vendor Code:**

**Purchasing Manager / Date:**

**Director of Finance Approval / Date:**