



# CHAMPION AEROSPACE SUPPLIER INFORMATION FORM

Phone: 864.843.1162

1230 Old Norris Road Liberty, SC 29657

New Supplier     Change to Existing Supplier

\*\*\*PLEASE SUBMIT W-9 WITH THIS FORM\*\*\*

If change to company name or FEIN for existing supplier:	Previous Co. Name _____	Previous FEIN _____
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<b>IS CHAMPION REQUIRED TO SEND THIS COMPANY A 1099?</b>	<b>IF YES, WHICH 1099 CLASSIFICATION WOULD IT BE?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Non-Employee Compensation <input type="checkbox"/> Legal <input type="checkbox"/> Medical

<b>Legal Name</b> (tax reported name) _____ <b>Business Name</b> _____ <b>Physical Street</b> _____ <b>Address</b> (No PO Box) _____ <b>City, State, Zip</b> _____	<input type="checkbox"/> Individual/ Sole Proprietor <b>SS #</b> _____ <input type="checkbox"/> Corporation <b>FEIN #</b> _____ <input type="checkbox"/> Other <b>FEIN #</b> _____
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<b>REMIT TO NAME/ADDRESS</b>	<b>ACH INFORMATION</b>
_____ _____ _____ _____ <b>Accounts Receivable Contact:</b> _____ <b>E-Mail</b> _____ <b>Phone</b> _____ <b>Fax</b> _____	<b>Bank Name:</b> _____ <b>Account Name:</b> _____ <b>Routing #</b> _____ <b>Account #</b> _____ <b>ACH Remit Email:</b> _____  <b>PAYMENT TERMS</b> Discount _____ Disc Days _____ Net <b>45</b>

<b>WHERE SHOULD PURCHASE ORDERS BE SENT</b>	<b>BUSINESS CLASSIFICATION (MARK ALL THAT APPLY)</b>										
_____ _____ _____ _____ <b>Purchasing Contact:</b> _____ <b>E-Mail</b> _____ <b>Phone</b> _____ <b>Fax</b> _____	<table style="width:100%;"> <tr> <td><input type="checkbox"/> Small Business</td> <td><input type="checkbox"/> Large Business</td> </tr> <tr> <td><input type="checkbox"/> Disadvantaged</td> <td><input type="checkbox"/> Service Disabled</td> </tr> <tr> <td><input type="checkbox"/> Woman Owned</td> <td><input type="checkbox"/> Non Profit</td> </tr> <tr> <td><input type="checkbox"/> Hub Zone</td> <td><input type="checkbox"/> Foreign Owned</td> </tr> <tr> <td><input type="checkbox"/> Veteran Owned</td> <td><input type="checkbox"/> Minority Owned</td> </tr> </table>	<input type="checkbox"/> Small Business	<input type="checkbox"/> Large Business	<input type="checkbox"/> Disadvantaged	<input type="checkbox"/> Service Disabled	<input type="checkbox"/> Woman Owned	<input type="checkbox"/> Non Profit	<input type="checkbox"/> Hub Zone	<input type="checkbox"/> Foreign Owned	<input type="checkbox"/> Veteran Owned	<input type="checkbox"/> Minority Owned
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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 (Sign & Print) \_\_\_\_\_ Title & Date \_\_\_\_\_

***** For Champion Use Only *****			
Commodity/Product or Services:	Assigned Buyer:	Buyer Code:	Supplier Classification: I II III
			Is an inspection required for Quality purposes? YES / NO
<b>REQUESTOR REQUIREMENT PRIOR TO SET UP OR CHANGE:</b> 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: _____	Check all that apply		
	<input type="checkbox"/> Remove B hold	<input type="checkbox"/> Place on B hold	Remit to change Terms change <b>Supplier Class</b>
	<b>FOR ACCOUNTING USE ONLY:</b>		
			<b>Payment Type (circle)</b> <b>AH/B7</b> <b>CK/B4</b> <b>WR/B5</b> Supplier Code: _____
Export Compliance: Is prospective supplier listed on an US Government Denied Parties List?    NO ___ YES ___ <b>If YES, Supplier Approval Is Denied</b> Screened By: _____    Date: _____			
Purchasing Manager / Date:		VP of Finance Approval / Date:	