



THIS DOCUMENT IS UNCONTROLLED IF PRINTED

<b>Name:</b>	<b>Supplier Information Record</b>
<b>Revision:</b>	12/21/2022
<b>Owner:</b>	Production Manager
<b>Approval:</b>	Administration Manager

**COMPANY INFORMATION: LEGAL IDENTITY IDENTIFICATION**

All U.S. Companies MUST Complete and Submit a W-9 Form to Helibasket LLC.

W-9 forms are available from the IRS, or on our Supplier Resources Page at [heli-basket.com/supplier-resources](http://heli-basket.com/supplier-resources)

Legal Name:	DBA:	
Street Address:		
City:	State:	Zip Code:
County:	Country:	
Phone Number:	Website:	
Cage Code:	DUNS Number:	
Manufacturing Country of Origin:		
Are you registered with the Directorate of Defense Trade Controls (DDTC)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, Please provide DDTC Expiration Date (mm/dd/yyyy):		

**PAYMENT INFORMATION**

<b>Remittance Address (If Different From Above):</b>		
Street Address:		
City:	State:	Zip Code:
County:	Country:	
TIN/SSN (VAT if Foreign):	Payment Terms:	

**Required Bank Information for ACH Payments**

By providing the information requested below, "Seller" does hereby authorize Helibasket LLC ("Buyer") to initiate electronic funds transfer credits for amounts owed to Seller by Buyer, and authorizes Seller's financial institution named below to credit such entries directly to the Seller's account. This agreement may be terminated by either party hereto without liability to the other party hereto upon 15 days prior written notice to such other party. Seller acknowledges and agrees that the terms and conditions of all agreements with Buyer concerning the method and timing of payments for amounts owed by Buyer to Seller hereby are amended to be consistent with the terms of this agreement. Buyer has the right to discontinue or otherwise to adjust future transfer credits if transfer credits previously made are found to have been duplicate, in excess of requirements, fraudulent, or otherwise in error.

**U.S Banks**

Bank Name:	Bank Address:
Account Number:	Beneficiary Name:
ABA Routing Number:	E-mail Address for Remittance:

**Non-U.S Banks**

Bank Name:	Swift Code:
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Account Number:	Bank Key/Sort Code:
IBAN Number:	Beneficiary Name:

Point of Contact Information	
Sales Name:	Sales Phone:
Sales E-mail:	Sales Fax:

### SUPPLIER AUTHORIZATION AND RESPONSIBILITY

By my signature, I verify that the information contained on this form is true and accurate. It is incumbent on the Seller to update the Buyer as to any change in the above information.

Supplier Signature:

Printed Name:

Title:

Date: