



**SUPPLIER REQUEST/UPDATE FORM**

PUR-4068 Rev. F  
Date: 2023-07-10

**REQUIRED:** This form is required for all new supplier requests. Must submit W-9 "Request for Taxpayer Identification Number & Certification" (Foreign suppliers completed W-8 form), Mutual Non-Disclosure Agreement (LGL-4003) and completed EC-4003 "ITAR EAR/Export Controlled Documents Flow Down to Suppliers Form" at the minimum for review.

|   |   |  |  |                                      |  |
|---|---|--|--|--------------------------------------|--|
| Company Name:   |   |  |  | Date:                                |  |
| SOLE PROPRIETOR or SINGLE-OWNER LLC   | <b>Required:</b> Personal Name of owner of the business |  |  |                                      |  |
|   | Optional: Business Name if different from above:        |  |  |                                      |  |
| TIN   |   |  |  |                                      |  |
| "√" Check correct box:  | <input type="checkbox"/> Individual/Sole Proprietor     | <input type="checkbox"/> S Corporation | <input type="checkbox"/> C Corporation | <input type="checkbox"/> Partnership |  |
| <input type="checkbox"/> Limited Liability Company (enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership)) |   |  |  |                                      |  |

**Vendor Purchase Order Address**

|               |  |        |        |      |  |
|---------------|--|--------|--------|------|--|
| Contact Name: |  |        | Email: |      |  |
| Address:      |  |        |        |      |  |
| City:         |  | State: |        | Zip: |  |
| Telephone:    |  | Fax:   |        |      |  |

**Payment Remittance Address**

|                |  |        |        |      |  |
|----------------|--|--------|--------|------|--|
| Contact Name:  |  |        | Email: |      |  |
| Address:       |  |        |        |      |  |
| City:          |  | State: |        | Zip: |  |
| Telephone:     |  | Fax:   |        |      |  |
| Payment Terms: |  |        |        |      |  |

**Classification**

|   |  |  |  |
|---|--|--|--|
| <b>Type of Organization:</b> "√" if applicable                    |  | <b>Type of Organization:</b> "√" if applicable           |  |
| <input type="checkbox"/> Woman-Owned Business (WBE)               | <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) | <input type="checkbox"/> Small Business Enterprise (SBE) | <input type="checkbox"/> Veteran-Owned Business Enterprise (VBE) |
| <input type="checkbox"/> Minority-Owned Business Enterprise (MBE) | <input type="checkbox"/> Other:                                  | <input type="checkbox"/> Hub Zone Small Business         |  |

|                                     |                               |                                |                              |  |  |
|-------------------------------------|-------------------------------|--------------------------------|------------------------------|--|--|
| Preferred payment type<br>Check one | <input type="checkbox"/> Wire | <input type="checkbox"/> Check | <input type="checkbox"/> ACH | 1099 Required<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Check one | 01-1099 MISC Rents <input type="checkbox"/><br>03-1099 MISC Other income <input type="checkbox"/><br>06-1099 Medical and Health care payments <input type="checkbox"/><br>07-1099 MISC Nonemployee compensation <input type="checkbox"/> |
|-------------------------------------|-------------------------------|--------------------------------|------------------------------|--|--|

**Banking Information**

|                     |  |  |                                |
|---------------------|--|--|--------------------------------|
| Institution Name    |  |  |                                |
| Name on Account     |  |  |                                |
| Institution Address |  |  |                                |
| Account Number      |  |  | Routing Number                 |
| Swift Code          |  |  | IBAN (International Suppliers) |

**ArmorWorks Use Only:**

|                |  |   |  |
|----------------|--|---|--|
| Supplier Type: | <input type="checkbox"/> Inventory     | <input type="checkbox"/> Shipping Method: |  |
|                | <input type="checkbox"/> Non-Inventory | <input type="checkbox"/> FOB:             |  |