

VENDOR REQUEST FORM

Vendor No: _____

<i>This section must be completed by the NCI Group, Inc. ("Buyer") original requestor:</i>																
Printed name and phone of original requestor: _____	Plant /Location: _____															
THE FOLLOWING IS REQUIRED INFORMATION AND MUST BE COMPLETED BY VENDOR																
VENDOR NAME:																
<i>The vendor name should be the billing name or name as it appears on the invoice.</i>																
ADDRESS:																
REMIT TO ADDRESS:																
PHONE #:																
FAX #:																
EMAIL ADDRESS:																
NAME:																
TITLE and PHONE #:																
1099 REPORTABLE VENDOR: YES or NO																
FEDERAL TAX PAYER ID #:	DUN & BRADSTREET #:															
Name on Tax Payer ID:																
Address where your business name is registered:																
County where your business is registered:																
Current State license # for Service Providers:																
Freight Carrier DOT # and MC #:																
GSA VENDORS (Please check the appropriate field(s) below):																
Large Business _____	HUBZone _____															
Small Business _____	Veteran Owned Small Business _____															
Woman Owned _____	Service-Disabled Veteran Owned _____															
Small Disadvantaged _____																
<i>Provide the following information including the 6-digit code:</i>																
NAICS CODE: _____	DESCRIPTION (http://www.census.gov/epcd/naics02/naicod02.htm): _____															
International Vendor:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Is this an international company? Yes or No</td> <td>If Yes, please provide W8BEN</td> </tr> <tr> <td>Is a service being performed? Yes or No</td> <td></td> </tr> <tr> <td>Is service being performed on US soil? Yes or No</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">***REVIEW BY OUR TAX DEPARTMENT IS REQUIRED***</td> </tr> <tr> <td colspan="2">(Internal notes: Is a Form 1042-S needed? Yes or No)</td> </tr> </table>	Is this an international company? Yes or No	If Yes, please provide W8BEN	Is a service being performed? Yes or No		Is service being performed on US soil? Yes or No		***REVIEW BY OUR TAX DEPARTMENT IS REQUIRED***		(Internal notes: Is a Form 1042-S needed? Yes or No)						
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PLEASE CIRCLE ONE:	<table style="width: 100%;"> <tr> <td style="width: 50%;">PARTNERSHIP</td> <td style="width: 50%;">INDIVIDUAL</td> </tr> <tr> <td>CORPORATION</td> <td>GOVERNMENT AGENCY</td> </tr> <tr> <td colspan="2">OTHER: _____</td> </tr> </table>	PARTNERSHIP	INDIVIDUAL	CORPORATION	GOVERNMENT AGENCY	OTHER: _____										
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CORPORATION	GOVERNMENT AGENCY															
OTHER: _____																
Primary Parts and or Services that you are providing:																
Related Party Transactions:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Is the Vendor a relative or close friend of an employee, director or officer of NCI or affiliates?</td> <td>Yes or No</td> </tr> <tr> <td>Is the Vendor a previous employee?</td> <td>Yes or No</td> </tr> <tr> <td colspan="2">If Yes, please provide the name of employee and describe relationship:</td> </tr> </table>	Is the Vendor a relative or close friend of an employee, director or officer of NCI or affiliates?	Yes or No	Is the Vendor a previous employee?	Yes or No	If Yes, please provide the name of employee and describe relationship:										
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VENDOR TYPE:	<table style="width: 100%;"> <tr> <td>Freight Carrier</td> <td>Vendor</td> <td>Service Provider</td> <td>Outside Processing</td> <td>Steel/Coil</td> </tr> <tr> <td>Charitable Organization</td> <td>Dealer/Builder</td> <td>Utility</td> <td>Medical</td> <td>Legal</td> </tr> <tr> <td colspan="5">Other: _____</td> </tr> </table>	Freight Carrier	Vendor	Service Provider	Outside Processing	Steel/Coil	Charitable Organization	Dealer/Builder	Utility	Medical	Legal	Other: _____				
Freight Carrier	Vendor	Service Provider	Outside Processing	Steel/Coil												
Charitable Organization	Dealer/Builder	Utility	Medical	Legal												
Other: _____																
Are discounts and/or special payment terms offered?																
If Yes, please specify:																
<p>VENDOR HEREBY AGREES THAT ANY AND ALL PURCHASES MADE BY BUYER ARE SUBJECT TO, AND STRICTLY CONDITIONED UPON, BUYER'S PURCHASE ORDER TERMS AND CONDITIONS OF SALE FOR VENDORS WHICH ARE WHOLLY ADOPTED AND INCORPORATED HEREIN BY REFERENCE. THE FOREGOING TERMS AND CONDITIONS SHALL CONTROL NOTWITHSTANDING ANY ADDITIONAL OR DIFFERING TERMS AND CONDITIONS OF VENDOR, WHICH ARE HEREBY EXPRESSLY REJECTED. (Copies of Buyer's Purchase Order Terms and Conditions of Sale for Vendors are available at https://www.cornerstonebuildingbrands.com/vendor-requests)</p>																

Return this completed form to the buyer /original requestor.

Vendor Authorized Signature: _____ **Date:** _____ **Title :** _____

Printed Name of Vendor Authorized Signature: _____