



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:	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) _____
PLEASE CIRCLE ONE:	PARTNERSHIP _____ INDIVIDUAL _____
	CORPORATION _____ GOVERNMENT AGENCY _____
	OTHER: _____
Primary Parts and or Services that you are providing: _____	
Related Party Transactions:	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: _____
VENDOR TYPE:	
<i>Please circle one</i>	
Freight Carrier _____	Vendor _____
Service Provider _____	Outside Processing _____
Charitable Organization _____	Dealer/Builder _____
	Utility _____
	Medical _____
	Steel/Coil _____
	Legal _____
Other: _____	
Are discounts and/or special payment terms offered?	
If Yes, please specify: _____	
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)	

Return this completed form to the buyer /original requestor.

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

Printed Name of Vendor Authorized Signature: _____

