**SUPPLIER DATA FORM**

In our ongoing efforts to update and clean our ERP system, please complete the attached form below as fully and completely as possible. Please keep in the mind that XMEK currently has facilities in Dallas, Milwaukee, Tulsa, and Seattle. We request a single point of contact for all locations.

|  |
| --- |
| GENERAL INFORMATION |
| Complete Company Name |  |
| XMEK Customer Number in your ERP system? |  |
| Main Telephone |  |
| Main Fax |  |
| Website Address |  |
| Payment Terms |  |
| Please attach a copy of your W-9 form |  |
| Cage Code (if applicable) |  |
| DUNS Number / DUNS Parent |  |  |
| ISO Certified?If Yes, Certificate Number? |  |
| Order Minimum |  |
| Order Line Minimum |  |
| Keywords you’d like added to your supplier record? (list any / all) |  |
|  |  |
| REMIT TO ADDRESS |
| Address 1 |  |
| Address 2 (if required) |  |
| Address 3 (if required) |  |
| City |  |
| State |  |
| Zip |  |
| Country |  |
|  |  |
| ACCOUNTS RECEIVABLE CONTACT |
| Contact Name |  |
| E-Mail Address |  |
| Direct Telephone |  |
| Direct Fax |  |

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| ARE OUR PRODUCTS SHIPPED FROM MULTIPLE LOCATIONS? (IF YES, PLEASE LIST.) |
| Address 1 |  |
| Address 2 (if required) |  |
| Address 3 (if required) |  |
| City, State, Zip |  |
| Country |  |
|  |  |
| Address 1 |  |
| Address 2 (if required) |  |
| Address 3 (if required) |  |
| City, State, Zip |  |
| Country |  |
|  |  |
| Address 1 |  |
| Address 2 (if required) |  |
| Address 3 (if required) |  |
| City, State, Zip |  |
| Country |  |
|  |  |
| WARRANTY RETURN ADDRESS |
| Address 1 |  |
| Address 2 (if required) |  |
| Address 3 (if required) |  |
| City |  |
| State |  |
| Zip |  |
| Country |  |
|  |  |
| WARRANTY RETURN / QUALITY CONTACT |
| Primary Contact Name |  |
| E-Mail Address |  |
| Direct Telephone |  |
| Direct Fax |  |

|  |
| --- |
| INSIDE SALES ADDRESS (PHYSICAL ADDRESS) |
| Address 1 |  |
| Address 2 (if required) |  |
| Address 3 (if required) |  |
| City |  |
| State |  |
| Zip |  |
| Country |  |
|  |  |
| INSIDE SALES CONTACTS |
| Primary Contact Name |  |
| E-Mail Address |  |
| Direct Telephone |  |
| Direct Fax |  |
|  |  |
| Order Expedite Contact Name |  |
| E-Mail Address |  |
| Direct Telephone |  |
| Direct Fax |  |
|  |  |
|  |  |
| OUTSIDE SALES ADDRESS |
| Address 1 |  |
| Address 2 (if required) |  |
| Address 3 (if required) |  |
| City |  |
| State |  |
| Zip |  |
| Country |  |
|  |  |
| OUTSIDE SALES CONTACT |
| Primary Contact Name |  |
| E-Mail Address |  |
| Direct Telephone |  |
| Mobile Telephone |  |
| Direct Fax |  |

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| Please provide any additional information you’d like for us to have about your company or capabilities. |  |