

APPLIED RESEARCH ASSOCIATES, INC.

| 1. Vendor Information NON-US ENTITY VENDOR SET-UP FORM | | | | |
|---|---|---|---|--|
| Legal Business Name | | DBA - if different | DBA - if different | |
| Physical Address - number, street, and apt or suite # | | Payment Remit Address - as it appears on your invoice | | |
| City or Town and Country - Postal Code when appropriate | | City or Town and Country - Postal | City or Town and Country - Postal Code when appropriate | |
| Contact Name | | NAICS Code(s) | Payment Terms Net 30 | |
| Phone Number | | Unique Entity ID - UEI (SAM) | Do Not Have UE | |
| Email Address / Website | | DUNS# | | |
| 2. Bank / Wire Transfer Inform | nation | | | |
| Name | | Branch Number | Branch Number | |
| Address Line 1 | | Sort Code | Sort Code | |
| Address Line 2 | | International Bank Account Numb | ber (IBAN) | |
| City or Town and Country - Postal C | Code when appropriate | BIC / SWIFT Code | | |
| 3. Declarations | | | | |
| I certify that the Individ Research Associates, Inc b. Do you have any Active c. Covered Telecommunic 1. Definitions. As us provided in the cl Surveillance Servi 2. Representation. So Does Does Does Not | lual/Vendor on this form voc. e Exclusions in SAM (System cations Equipment / Serviced in this provision, "coverage FAR 52.204-25, Prohices or Equipment (Aug 20 Seller represents that it | ered telecommunications equipment or senibition on Contracting for Certain Telecon (220). | ovide a Form W-8BEN to Applied No ervices" has the meaning mmunications and Video | |
| | | | | |
| 4. Certification | | | | |
| 4. Certification I understand that by completing this for | orm, it does not obligate or gual | rantee business. | | |