

Brown & Root Industrial Services

4171 Essen Lane Ste 1100
Baton Rouge, LA 70809-2157

Supplier Information Form

| Supplier Information | | | | | | |
|---|---|---|---|------------------------------------|--------------------------------|-------|
| Name (as registered with the IRS) | | | | | | |
| Trade Name/DBA | | | | | | |
| Primary Address (Number, Street, Suite) | | | Remittance Address (Number, Street, Suite) | | | |
| City, State and Zip Code | | | City, State and Zip Code | | | |
| Phone | | Fax | | Email | | |
| Business/Service to be Provided (check all that apply) -- VENDOR WILL NOT BE SET UP IF THIS IS NOT PROVIDED | | | | | | |
| Leases-Property <small>(contract greater than 12 months)</small> | Utilities | Professional Services -- Tax/Acct | Medical Services (Drug Screens) | Sub-Contractor/Services/Janitorial | | |
| Leases-Equipment <small>(contract greater than 12 months)</small> | Rentals <small>(contract less than 12 months)</small> | Professional Services - Legal | Background/DMV Screens | Repair & Maintenance | | |
| Testing/Inspection Services | Products/Merchandise | Professional Services - Other | Maintenance Contracts | Fuel/Gas | | |
| Storage Facilities | Freight | Software Licensing, Contracts, Subscriptions and Hosting | Consulting | Training Classes Other: | | |
| 1 Tax Classification (check only one) | | | | | | |
| Individual/Sole Proprietor | C Corporation | S Corporation | Partnership | Non-Profit | Trust/Estate | Other |
| <small>LLC - Tax Classification (C= C Corporation S=S Corporation, P = Partnership)</small> | | | | | | |
| Related Party Yes No Are you a related party of Brown & Root or any of it's affiliates, other subsidiaries under common control, owners of the business, its managers, and their families, the parent entity, or trusts for the benefit of employees? | | | | | | |
| <small>If Yes, please describe affiliation:</small> | | | | | | |
| Registered Business Type (check ALL THAT APPLY) VENDOR WILL NOT BE SET UP IF THIS IS NOT PROVIDED | | | | | | |
| <small>Large Business (LB)</small> | <small>Small Business (SB)</small> | | | | | |
| CERTIFICATE REQUIRED FOR THE DIVERSITY GROUPS BELOW: | | | | | | |
| <small>Veteran Owned Small Business (VOSB)</small> | <small>Small Disadvantaged Veteran Owned Business(SDVOSB)</small> | <small>Service-Disabled Veteran-Owned</small> | | | | |
| <small>Minority Institutional/Tribal Universities (HBCU/MI/TU)</small> | <small>LGBTQ</small> | <small>Small Disadvantaged Business</small> | | | | |
| <small>Woman-owned Business</small> | <small>Woman-owned Minority</small> | | | | | |
| <small>Minority Business Enterprise (MBE)</small> | <small>If yes, indicate Ethnicity below:</small> | | | | | |
| <small>African American</small> | <small>Asian</small> | <small>Asian Indian</small> | <small>Asian Pacific Islander</small> | <small>Hispanic</small> | <small>Native American</small> | |
| <small>Please indicate if your firms registered with any of the following Small Business Administration (SBA) programs:</small> | | | | | | |
| <small>HUB Zone Certification</small> | <small>Certified Small Disadvantaged Business (SDB) Program</small> | | | | | |
| <small>Federal</small> | <small>8(a) Certification Program - 8(a) Certification #</small> | | | | | |
| <small>State</small> | | | | | | |
| Taxpayer Identification Number (TIN) | | | | | | |
| Social Security Number | | OR | Employer Identification Number | | | |
| | | | | | | |
| Purchase Orders | | | | | | |
| PO FAX | | | PO Email | | | |
| PO Contact Name | | | PO Phone | | | |
| Certification | | | | | | |
| <small>Under the penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or other person (identified in the instructions). You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest of dividends on your tax return. The Internal Revenue Service does not require your consent to any provision on this document other than the certification required to avoid backup withholding.</small> | | | | | | |
| 3 SIGNATURE | | | DATE | | | |
| PRINT NAME | | | TITLE | | | |

**ACH Enrollment Form
Vendor Payment Electronic Funds Authorization**

New Request

Account Change

Cancel

Payee Company Information

| | | |
|---|--------------------------|----------------------|
| 4 | Name | |
| | Address | |
| | City, State and Zip Code | ACH Remittance Email |
| | A/R Contact Name | A/R Contact Phone |

Financial Institution Information (Must Be a Business Account)

| | | |
|--|-----------------------------|----------------|
| 5 | Depository Institution Name | |
| | Address | |
| | City, State and Zip Code | |
| | Account Name | |
| | Transit Routing Number | Account Number |
| | Account Type | |
| <p style="text-align: center;"> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other </p> | | |

By signing this document, Seller expressly agrees that if goods are sold to Buyer, payment shall be due within sixty (60) days from the date Buyer receives such invoice (unless otherwise specified). Seller agrees that all orders by Buyer to purchase goods from Seller will be purchased solely on the terms and conditions contained in Buyer's Terms and Conditions of Purchase, which terms are available upon request, and no inconsistent, modified or additional terms proposed by Seller will be binding on Buyer.

IMPORTANT NOTICE: The person signing the Authorization must be a designated officer of the company with signature authority on the above account and a person other than the contact above.

Authorization

| | | |
|---|--|-------|
| 6 | I hereby authorize Brown & Root Industrial Services, LLC to deposit payments/reimbursements directly to the account indicated above and to initiate, if necessary any debit entries and adjustments for any direct deposit errors made. The Payee understands that it is the Payee's responsibility to check the account on the next business day after receiving the payment advice to ensure that the account was properly credited. This authority will remain in effect until a new form is executed. Brown & Root Industrial Services, LLC will not be liable for Payee's bank charges resulting from problems associated with direct deposits such as: error in Payee provided bank information, or lack of Payee notification when bank account is closed. This authorization will remain in effect until Brown & Root Industrial Services, LLC receives written notification of its termination. I understand that payment details will be sent to the business email address above. | |
| | SIGNATURE | DATE |
| | PRINT NAME | TITLE |
| | | |

*****PLEASE ATTACH A VOIDED CHECK OR BANK LETTER TO CONFIRM ACCOUNT INFORMATION*****

SUBMIT FORM AND VOIDED CHECK TO THE FOLLOWING

| | | |
|---|--|---|
| 7 | Email: (preferred): Email completed and signed form to: VendCustReg@brownandroot.com cc: your procurement specialist | Mail: Brown & Root Industrial Services, LLC 4171 Essen Lane, Ste 1100 Baton Rouge, LA 70809-2157 |
| | | |