

NCI GROUP, INC.

VENDOR REQUEST FORM

Vendor No: _____

This section must be completed by the NCI Group, Inc. ("Buyer") original requestor:

Printed name and phone of original requestor: _____

Plant /Location: _____

THE FOLLOWING IS REQUIRED INFORMATION AND MUST BE COMPLETED BY VENDOR

VENDOR NAME: _____

The vendor name should be the billing name or name as it appears on the invoice.

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 _____

Small Business _____

Woman Owned _____

Small Disadvantaged _____

HUBZone _____

Veteran Owned Small Business _____

Service-Disabled Veteran Owned _____

Provide the following information including the 6-digit code:

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:

Please circle one

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: _____

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 www.ncibuildingsystems.com/contact_vendorrequests.html)

Return this completed form to the buyer /original requestor.

Vendor Authorized Signature: _____

Date: _____

Title: _____

Printed Name of Vendor Authorized Signature: _____