

Supplier Profile Form

All new suppliers must be qualified **prior to** any purchases being made. Please complete the following form and email to purchasingdept@thompsontractor.com or fax to 205-226-6203. Once qualified, you will receive notification from the purchasing department. Do not accept any orders or perform any services prior to this notification. Please make note of the following policies which have been established with regard to our suppliers:

- All purchases must reference a valid Thompson Tractor Company, Inc. purchase order (PO) number or Purchase Agreement number. A valid PO must follow the format PONNNNNN. A valid Purchase Agreement must follow the format PAGRNNNNNN. NNNNNN=system generated number. All shipments –must reference - a valid P.O. or Agreement number on the shipping label and packing slip.
- All invoices must reference the P.O. or Agreement Number.
- Purchase Order Terms and Conditions are posted on our website www.thompsontractor.com
- All shipments shall be FOB-Destination. When shipping costs are necessary we require using our UPS Account, where applicable. NO PREPAY & ADD terms are acceptable.
- Invoices can be submitted to apinvoices@thompsontractor.com, faxed to 205-849-4334, or mailed to:

Thompson Tractor Company, Inc.
Accounts Payable Department
PO Box 10367
Birmingham, AL 35202-0367

Invoices must include the following mandatory information:

1. Purchase Order number, or Purchase Agreement number when referring to a blanket order.
2. Invoice Number
3. Quantity, Description, and Price by line item
4. Labor, Material Costs and Freight Charges as applicable, Separated
5. Remit to Address
6. Taxes (if applicable)
7. Shipping Address

FAILURE TO ADHERE TO THE ABOVE POLICIES WILL DELAY OR DENY PAYMENT FOR PRODUCTS OR SERVICES PROVIDED.

Company Name: _____

Website Address: _____

Preferred method for receiving Purchase Orders Email _____ Fax _____

Email Address _____ Fax Number _____

Service or Products provided by your company _____

Provide the name of your contact person at Thompson Tractor: _____

DUNS Number _____ NAICS Code _____

Number of Employees _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Remit To Address: _____

City: _____ State: _____ Zip Code: _____

AR Contact Person: _____

AR Contact Telephone #: _____ Fax #: _____

AR Contact E-mail Address: _____

(To be used to notify you of remittance information if using the electronic payment option)

Payment Terms: _____

Sales Contact Name & Title: _____

Sales Contact Phone: _____ Cell: _____

Sales Contact Fax: _____

Sales Contact E-mail: _____

BUSINESS CLASSIFICATIONS – select all that apply and provide appropriate certificates

- | | |
|--|--|
| <input type="checkbox"/> Small Business Concern | <input type="checkbox"/> Economically Disadvantaged Women Owned Small Business |
| <input type="checkbox"/> SBA Certified Small Disadvantaged Business Concern | <input type="checkbox"/> Minority Business Enterprise (i.e. African American, Hispanic American, Native American, etc.) – please specify _____ |
| <input type="checkbox"/> Self Certified Small Disadvantaged Business Concern | <input type="checkbox"/> Foreign Business Concern |
| <input type="checkbox"/> Women Business Enterprise (WBE) | <input type="checkbox"/> Large Business Concern |
| <input type="checkbox"/> SBA Certified Hubzone Small Business Concern | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Veteran Owned Small Business | |
| <input type="checkbox"/> Service Disabled Veteran Owned Small Business | |

IF YOU ARE A SERVICE PROVIDER, WE REQUIRE A COI MEETING THE FOLLOWING MINIMUM REQUIREMENTS:

Commercial General Liability (Occurrence Form)

General Aggregate (other than Prod/Comp Ops Liability)	\$1,000,000
Products/Completed Operations Aggregate	\$1,000,000
Personal & Advertising Injury Liability	\$1,000,000
Each Occurrence	\$1,000,000

Additional Provisions:

Thompson Tractor Company Inc., named as Additional Insured,
P.O Box 10367 Birmingham, Al 35202-0367

Workers' Compensation and Employer's Liability

Workers' Compensation Employer's Liability	State Statutory Limits
Bodily Injury by Accident	\$100,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$100,000 each employee

Automobile Liability

All Autos \$1,000,000 each accident

Umbrella Liability

Each Occurrence \$1,000,000
Aggregate \$1,000,000

The above coverage must be placed with an insurance company with an A.M. Best rating of A-:VII or better.

ACH PAYMENT REQUEST FORM:

Please allow Thompson to pay you by electronic funds transfer (EFT) direct deposit to your bank account using ACH rules. All your company has to do is to fill out the banking information below. This information is found on your check. Data must match exactly, including leading zeroes, if any. Thompson will email or fax you the remittance information the day of payment. Funds will hit your bank the following business day.

Your Financial Institution Information Important!!! Please attach a voided check with the bank routing and account information or carefully enter the routing and bank account information below.

Routing Transit/ABA #: _____ Account#: _____

Account Type (Checking, Savings or Depository) : _____

Account Name: _____

Bank Name & Address: _____

Bank Telephone Number: _____

City: _____ State: _____ Zip Code: _____

The undersigned Vendor hereby authorizes Thompson Tractor Co., Inc. to deposit funds into the above account at the bank named above.

VENDOR NAME: _____

Authorized Signature: _____

Title: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see Instructions) ▶ _____	Exemptions (see Instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[]	[] - [] - [] [] [] []

Employer identification number	
[]	[] - [] [] [] [] [] [] []

Part II Certification

Under 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 U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification 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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.