



VENDOR INFORMATION FORM

Vendor/Supplier Name: _____

Contact Person: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

Business/Tax ID Number: _____ Contract Currency: _____

WHT Percentage (%) Rate: _____ (Non-US: Only applicable if payments are subject to withholding taxes.)

Primary Address (Street, City, State, Zip Code and Country):

Payment Address (if different from Primary Address):

Conflict of Interest:

Are you or is any officer, director, owner, or partner in this company an employee of Frank's? YES NO

Is a direct family member of any of the above an employee of Frank's? YES NO
(Direct family members include spouse, parent, or minor child.)

Does any Frank's employee have an ownership interest in your firm? YES NO

If YES to any of the above, please provide the names of the individuals involved:

Human Rights & Labor Conditions:

Do you purchase goods or services from any US sanctioned countries? YES NO

Do you have employees that are working in sub-par labor conditions? YES NO

Do you purchase goods or services from sources associated with sub-par labor conditions? YES NO

Do you follow all Environmental local laws and regulations? YES NO

How do you assess and manage the protection of human rights and labor conditions?

Business Diversity (Optional):

Is your company considered a Diverse Business (minority-owned)? YES NO
If yes, provide classification (ethnic minority-owned, women-owned, veteran-owned, etc.):

Method of Payment (in order of preference):

Option 1 SunGard/FIS US/Canada Operations only Option 2 ACH Preferred

Option 3 Wire Transfer Option 4 Check

Option 5 Credit Card (Option 1 is the preferred method in the US; Option 2 preferred for International Operations.)

Vendor Signature (This form is not considered valid unless signed and dated):

Printed name: _____

Title: _____ Phone #: _____

Signature: _____ Date: _____