



Foreign Supplier Registration Form

New Supplier

Supplier Update

This registration is for suppliers who are engaged to provide goods and services to Axiom Space. In order for Axiom Space to make payments to suppliers it is necessary to have this form completed and returned to supplierregistration@axiomspace.com.

INSTRUCTIONS: All questions should be answered. Questions that are not applicable should be identified "NA".

Section A. Company Information

Company			
Name			
Address	City	State/Province	
Country	Postal Code		
Telephone	VAT		
Website			
Sales Contact	Title		
Email	Phone		
Principle Owners and Key Personnel			
Principle/Owner	Title		
Quality Assurance	Title		
Manufacturing	Title		
Engineering	Title		
Primary Contact	Title		

Business Entity: Corporation Division Subsidiary Proprietorship
 Partnership Affiliation Franchise Non-Profit Organization
 Other/Foreign _____

Primary Business: Payment Manufacturer Distributer Retailer Service Consulting

Terms: Choose an item:

***Axiom's Standard Payment Terms are Net 30, unless stated otherwise in writing.**

Section B. Quality

Quality System

Has the Company achieved a quality system registration? Yes No

If yes, to which set of certifications do you hold? _____

Registrar: _____

Certificate Number: _____

Issue Date: _____

Expiration Date: _____

If not ISO 9001 registered, is the company working towards registration? Yes No

If yes, what is the projected date of registration? _____

If not registered, is the quality system compliant, or designed accordingly to any other recognized quality management system standard? _____

If so, which one? _____

If necessary, may Axiom Space conduct a formal on-site survey of your facilities? Yes No



Section C. Payment Information

I, (*Vendor Name*) _____, authorize Axiom Space, Inc. to initiate electronic credit entries for the purpose of payment of invoice.

TYPE OF ACCOUNT

- Savings account
- Business Account (Check this box if the checking or savings account is setup at your bank as a business or commercial account)

BANKING INFORMATION:

Name on Account: _____

Financial Institution Name (Please print): _____

Financial Institution Routing Number (if ACH): _____

Account number at Financial Institution (if ACH): _____

Financial Institution Branch Name or Location: _____

Vendor physical mailing address: _____

Vendor email address & contact person name: _____

INTERNATIONAL WIRE TRANSFER DETERMINATION - Check one of the options below:

Wire Instructions require the following:	
Full Beneficiary Name (no initials)	
Beneficiary Address	
Beneficiary Phone Number	
Beneficiary Account Number	
Beneficiary's Full Bank Name	
Bank Address	
SWIFT Bank Identifier Code (SWIFT BIC)	
Branch Identifier if required	
International Bank Acc Number (IBAN) if required	

CHANGES TO YOUR DIRECT DEPOSIT AUTHORIZATION:

In order to warrant those payments that Axiom Space Inc. originates through the ACH or WIRE network comply with all US Laws, Axiom Space Inc. must rely upon the organization to advise if this credit authorized by you is being sent to a Non-US Financial Institution explicitly for the purpose of this payment. Please contact Axiom Space Inc. at AP@AxiomSpace.com with any changes to your ACH or WIRE Credit Authorization.

(Printed Name and Title of Authorized Representative)

(Signature of Authorized Representative)

(Date)

It is the responsibility of the supplier to notify Axiom Space if the Supplier information or ownership status changes.