(VERSION 09-08-11)

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Section 1: Vendor Information									
Business Name/Taxpayer Name (Exact Legal Name): Rafelson Media Corporation									
Federal ID Number/Social Security Number: 45-54									
Parent Company Business Type: Corporation Partnership Sole Proprieto Individual	(if applicable):	Officers: (please Principal/Owner: Chief Executive/Pr CFO/Controller: Number of years i	resident:	Peter l	Rafelson Rafelson Rafelson				
Contact Name:		18011			#: (818) 753-9300 accounting@rafelson.com				
Remittance Add Address: 1071	<u>ress:</u> 3 Burbank Blvd	_	Physical Bu	siness Add	-	<u>_</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City: North Hol	lywood State: CA	_ ' '	city: Nort			State: CA	Zip:	91601	
Telephone Number: 818-753-9300 Fax #: 818-753-9966									
Any relationship to any Fox Employee? Yes X No If Yes, describe relationship:									
Section 2: Payment / Banking Information									
You may elect to receive payments by ACH/EFT or Check. If you elect to receive ACH/EFT payments, the enrollment information will be mailed to your remittance address. ACH / EFT Check Standard Payment Terms: Net 45 Days, unless otherwise negotiated.									
Section 3: Business Classification (Domestic Vendors Only) In accordance with Government regulations and prime contract requirements, we are required to verify the business size and classification of our suppliers and potential suppliers. The responsibility of determining classification type of your business is yours. If you have questions, please contact your U.S. Small Business Administration Office. PLEASE CHECK THE APPROPRIATE RESPONSE IN EACH SECTION, IF APPLICABLE.									
 X Small Business Concern ☐ Small Disadvantaged Business ☐ Concern ☐ Asian-Pacit 		African Ameri Hispanic Ame Asian-Pacific	ican Is erican T American ^N	governmental agency or body The Minority Business Develop					
☐ Unter Minority Business Concern ☐ Native-Americal ☐ Woman-Owned Business ☐ Asian-Indian American		can ((You may be requested to submit documentation)						
<u>Please attach the following:</u> (circle items attached, as appropriate) 1. W-9 (W-8) / TIN; 2. Quote of work to be performed; 3. Ratecard									
I hereby certify, under the penalty of perjury, that to the best of my knowledge, the information presented here is true and correct.									
Respondent's Peter Rafelson Name:		n	Respondent's Signature:			Telera			
Date:	07-24-12								