

1.	Is your company Government Owned or Government Controlled (either wholly or in part – at least 25%?)				
	Yes	No			
2.	Will your company be interacting with any "Foreign Official" (as defined by the US Foreign Corrupt Practice Act) on AAR's behalf? If yes, name the government entity, nature and frequency of interactions.				
	Yes If	Yes: Gov	vernment Entity Name:		
	No	Nat	ure:	Frequency:	
3.	Bill to Address:				
4. Ship To Address (<i>default</i>) if different from Bill-to:					
5.	Corporate Officers or Owners (Required for Denied Party Screening):				
	Name:		Title:		
	Name:		Title:		
	Name:		Title:		
6.	Accounts Payable	Payable Contact(s) for PDF e-invoices:			
	Name:		Email:		
	Name:		Email:		
	If other invoiced delivery method is preferred, please specify:				
7.	Sales Tax Exempti	ion Certificat	:e*:	(attach a copy) *US Customers Only	
8.	Quality Manager:		Em	mail:	
			Pho	one:	
9.	Preferred Shippin	g Carrier:		Account No.:	
10.	Provide instructions for heavy-weight, hazmat, special packaging, etc.:				

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