|  |  |
| --- | --- |
| **Supplier Name** |  |
| **Street** |  |
| **ZIP Code** |  |
| **Location** |  |
| **Country** |  |
| **vendor number** |  |

# Does your company participate in the C-TPAT program?

**Yes** C-TPAT Account Number

**No**

# Does your company participate in any of the following program?

**AEO** – Authorized Economic Operator Account Number

**PIP** – Partners in Protection Account Number

**Other** comparable Programs (GLP, NEEC, SES, STP)

Name       Account Number

**No**

# The supplier hereby declares that the delivered materials are from safe countries of origin:

**Yes**

**No**

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City, date Name Company stamp and signature

Please return the completed and signed form back to us.