

SUPPLIER PROFILE

New Supplier / Subcontractor Profile Form

Revision: June 24, 2020

- I. **AV Requestor** completes
- Header:** Name of AV employee & Selects New Vendor or Change to Existing
- Section 1:** Business type
- II. **Supplier** complete sections:
2. General
 3. Remittance, Shipping, Accounts receivable contact, point of origin, and Cage code
 4. Term- standard terms is N30 or 2% N10 and DAP or DDP Simi Valley
 - Invoice Terms less favorable than N30 and Freight Terms other than DDP or DAP Simi Valley requires CFO approval. To select the *freight terms* and *named place*, double click on “choose one”
 - AV prioritize payments to suppliers that offer discount
 - Any sections that do not apply must be marked N/A
 5. Authorized signature
 - Authorized Supplier’s Representative
- ** Return completed sections to the AV Contact****
- III. **AV Requestor** completes sections
5. Authorized signature (right side AV signatures/approvals)*
 6. Visual Compliance check (must attach print out)
 - Purchasing can run report for any requestor without access
- ** Requester sends complete forms packet (Supplier Profile form, W-9/W-8, Business Classification form, and Visual Compliance Check) to newvendorsetup@avinc.com in same email request ****
- IV. **Accounts Payable** completes section
7. Accounting use only
- ** Notification is sent to Requester with Vendor Number once complete in Oracle ****

NOTE:

- Where “choose an item” appears there is a limited selection you must choose from. Simply click on it for the selection to appear
- AV Purchasing Manager approval is only required if the supplier is providing goods/services used for production or a government contract, and/or a PO is required. Otherwise, AV Manager approval is sufficient
- CFO approval is required for non-standard Invoice Terms (Standard is Net 30 or 2%10 Net30)
- CFO approval is required for non-standard Freight terms (Standard is FOB Origin - DAP/DDP)



SUPPLIER/SUBCONTRACTOR PROFILE

The purpose of this form is to provide AeroVironment, Inc., with the necessary information to create new vendors or update existing vendor information in our corporate records. Pages 1 and 2 of this form should be completed, and returned to the AeroVironment contact, with whom you are engaged.

AV Requestor Name: _____
(Name of the AeroVironment employee with whom you are dealing.)

New Change

(Describe nature of the change; e.g. merger or divestment, change of ownership, change of name or DBA, relocation)

1. SUPPLIER TYPE: Choose an item.

Describe Goods or Services being provided: _____

2. GENERAL Please attach a Form W-9 (Foreign entities must attach Form W-8BEN)

Supplier Entity Name as reported on tax return Federal Tax ID or Social Security Number

3. REMITTANCE INFORMATION

Remit to Name & Address (Payment Made to)

Business Name (DBA Name)

Address Line 1

Address Line 2

City State/Province

Country Postal Code

Accounts Receivable Contact Information

Contact Name & Title (for payment or billing questions)

E-mail Address/Alias

Phone Number Fax Number

Sales / Procurement / Contractor Contact Information

Contact Name & Title (for technical or delivery questions)

E-mail Address/Alias

Phone Number Fax Number

SHIPPING POINT (Physical, Point, or Origin Location)

Address Line 1

City State/Province

Country Postal Code

CAGE Code _____
<https://www.sam.gov/SAM/>
D&B D-U-N-S®# _____

4. TERMS:

Invoice Terms

(standard N30 or 2%10, Net 30)

**** Non-Standard Terms require CFO Approval ****

Invoice Terms:

Other: Please specify:

Freight Terms:

(standard DAP-Destination or DDP-Destination)

**** Non-Standard Terms require CFO Approval ****

FOB: FOB Destination
FOB TERMS: DAP/DDP – Delivered at Place
FREIGHT TERMS: Freight Prepaid / Seller Adds

Any questions regarding these Freight Terms, please refer to your AV Contact

LOCATION / Explanation for Other Freight Terms:

5. AUTHORIZED SIGNATURES

Signature of Supplier's Authorized Representative

AV Requestor Signature

Name

AV Requestor Name Phone & Ext.

Title

Goods/Services will be included in AV Product? Yes No
If Yes, Purchasing Manager Approval required below

Send Invoices to Postal Mail	AeroVironment Accounts Payable PO Box 5130 Simi Valley, CA 93065
Via e-mail	acpinvoices@avinc.com
Questions?:	acp@avinc.com

**AV Manager Name & Signature or
Purchasing Manager Signature** (Goods/Services included in AV Product) **Date**

AV CFO Signature (for non standard terms) **Date**

6. VISUAL COMPLIANCE (attach copy of report)

- NO MATCHING RECORD FOUND** (continue with set-up)
 RECORD MATCH (record match requires approval from Export Compliance Mgr)

7. ACCOUNTING USE ONLY

AeroVironment Accounting Use Only		
1099 / 1098 Reporting <input type="checkbox"/> Yes <input type="checkbox"/> No		
1099 Payment Type: _____	_____ Vendor Acct Number	_____ Created Date
Organization Type: _____	_____ A/P Mgr Signature or Asst. Controller	
		_____ Date
<input type="checkbox"/> Profile Form <input type="checkbox"/> Business Classification <input type="checkbox"/> W9 or W8 <input type="checkbox"/> Visual Compliance		