

DOMENY TOOL &



Domeny Tool & Stamping Co. Supplier Information Request

STAMPING COMPANY

Thank you for your interest in becoming a supplier for Domeny Tool & Stamping Company. Please complete and return attached forms. Domeny Tool's company policy requires that all fields be completed and verified before a supplier can be added to our database. Our Quality policy requires that suppliers provide required documentation to verify quality requirements. For questions or concerns call 847.526.5700 x 125 (accounting) X 122 (quality). Please forward completed forms to truiz@domenytool.com or fax to 847.526.5701.

Company Name _____ Tax ID#: _____

Physical Address _____

Remit Address _____

AR Contact _____ Email: _____

Phone: _____

Preferred Payment Method? _____

Bank Name _____

Bank Address _____

Bank Contact _____ Phone: _____

Quality Contact _____ Email: _____

Phone: _____

I certify that the information is for the purpose of selling goods/services to Domeny Tool & Stamping and is warranted true. I or an agent of this company will contact Domeny Tool & Stamping accounting department in writing of any changes. I further authorize Domeny Tool & Stamping to investigate this information listed pertaining to remittance and banking credentials. Check items that apply and attached:

- W-9 ACH Form Quality Certificate DTS Supplier Manual DTS Supplier Manual Signature Form

Printed Name _____ Signature _____

Title _____ Date _____

This area is for Domeny Tool internal use, to be verified by Purchasing Manager.

Approved per:

#1 Customer Dictated Supplier Customer: _____

#2 ISO 9001 3rd party registered Certified Registrar: _____ Certificate Received: Yes No

#3 On-Site Audit/Approval Completed by: _____ Date: _____

#4 IATF 16949 3rd party registered Certified Registrar: _____ Certificate Received: Yes No

The above information was received, verified, and entered on the Approved Supplier Listing. This vendor is Approved / Rejected as a supplier to DTS. Reason for rejection, or other comments: _____

Name: _____ Title: _____ Date: _____

This area is for Domeny Tool internal use to be verified by President or Accounting.

Above information was verified by: Confirming with one other vendor and bank contact. Name and dates of contact(s):

Name: _____ Title: _____ Date: _____

Domeny Tool & Stamping Company

Request for ACH/Electronic Payment Information

As a payment option, Domeny Tool & Stamping Company offers the opportunity to receive payments electronically (ACH). When your funds are submitted electronically, you will be notified of the deposit by either fax or email. The fax or email will provide you with all the information that would normally be on your check stub. To receive payments electronically, you must complete this form, attach a voided check [Not necessary, but recommended] and return both to truiz@domenytool.com or 847.526.5701 (fax). Please note that invoices can be emailed directly to truiz@domenytool.com.

Payee Information			
Payee Name:		Tax ID#/ Federal ID #:	
Remit Address for applicable accounts:			

Bank Information	
Bank Name:	
Name on Account:	
Account #:	
Routing #:	

FAX or EMAIL ADDRESS for payment notification.

(Place a check mark in front of the method of notification that you prefer and enter email address / fax number.)

Email:

Fax:

Printed Name _____

Title _____

Authorized Signature _____

Date _____

Domeny Tool & Stamping reserves the right to reverse ACH transactions where submission amount or recipient is in error.

DOMENY TOOL &



STAMPING COMPANY

Domeny Tool & Stamping Company
354 Hollow Hill Dr. • Wauconda, IL 60084
847.526.5700 • 847.526.5701 fax