MANUFACTURAS PARQE S.A. DE C.V.

PARQE

Registration or Update of Foreign Supplier

Date: _____   ○ New   ○ Update

Supplier Name: _____   Street Address: _____

State/Province: _____   City: _____

Country: _____   Area Code: ____   Phone: _____

Zip/Code: _____   Email: _____

Web: _____   Tax ID: _____

Contact Persons

Sales Manager: _____   Email: _____

Area Code: ____   Phone: _____   Cell Phone: _____

Credit Manager: _____   Email: _____

Area Code: ____   Phone: _____   Cell Phone: _____

Payment Terms

Currency: _____   Another Currency: _____   Credit Terms: _____   Credit Limit: _____

Bank Information

Bank	City of Bank	Country of Bank	Account Number	ABA Code	SWIFT Code

Comments:

The following updated documentation is required:

- Tax Identification Number (TIN)
- Banking information to make a payment via Wire Transfer:
- Receiving Bank name:
- Receiving Bank address:
- Beneficiary Account name:
- Beneficiary Account number:
- Fed Routing Number:
- Receiving Bank Swift Code:
- Currency:

* Internal Use MANUFACTURAS PARQE
* Please fill in with Name and Signature

Supplier ID _____

_____   _____   _____
REQUEST   REGISTRY   REVISED