

Foreign Corrupt Practices Act Questionnaire

Legal Vendor Name and Address

1	Name:		Telephone No.:	
	Address:		City/Town:	
	Zip/Postal Code:	State/Province:	Country:	

Invoice Mailing Address (if different from above)

2	Name:			
	Address:		City/Town	
	Zip/Postal Code:	State/Province:	Country	

Contacts

3	Company Representative:	Email Address:	Telephone No.:
	Accounts Payable Contact:	Email Address:	Telephone No.:

Organization (Business Type) Check One

4	<input type="radio"/> Corporation	<input type="radio"/> Sole Proprietor	<input type="radio"/> Other (specify):
---	-----------------------------------	---------------------------------------	--

Foreign Corrupt Practices Act Questionnaire

Foreign Corrupt Practices Act Questions

5	A. Are you a foreign entity, individual residing outside of the US, foreign government or state-owned or affiliated company?	Yes
		No
	B. Is your company acting as an agent (including any sales or purchasing agent), partner, co- or joint-venturer, or consultant of DTE in a foreign country?	Yes
		No
	C. Will this relationship have a foreign element (such as a supplier that has foreign ownership or foreign subcontractors or subvendors) that is not otherwise covered by questions A & B above?	Yes
		No
	D. If yes to C, please specify if you are selling to DTE out of your inventory or if the goods are being made to order.	Inventory
		Made to Order
	E. Are you providing customs brokering, freight-forwarding, logistical support, or import/export services or are you contracting with others for such services on DTE's behalf?	Yes
		No

Requirements

6	Attach a completed W8 or W9 with a US TIN signed by an authorized agent for your company
	If your company prefers direct deposit (ACH or wire), you need to fill out a DTE EFT form. In addition, a second document is required for all banking info, such as a letter on company letterhead, invoice, or voided check showing the bank name, account number, routing number, etc.

On Behalf of the company identified herein, I certify that the statements and all the answers to the questions on this form are true and correct.

Name/Title _____

Signature _____ Date _____

(Officer responsible for assuring the accuracy of this document)

Fill out the questionnaire completely, scan it, and email it back to the DTE representative that sent it to you. Attach the required documents specified above