Software Technical Engineering Group, Limited

(STEG Limited)

Supplier Information Form

I. Buyer Information

Company Name: STEG Limited

ATTN: Purchasing Department

Address: PO Box 1903

City/State/Zip: Ann Arbor, Michigan 48106

Telephone: (888)570-2678

Equal Opportunity Compliance Statement:

It is the policy of STEG Limited to provide equal opportunities to all Suppliers without regard to any legally protected status; such as: race, color, religion, gender, national origin, age, disability or veteran status. STEG Limited does provide targeted community development opportunities for veteran and minority businesses who meet the capability and qualifications to provide products and services required, who are certified and meet the criteria of the MBDA for the type of ownership mentioned.

Please send inquiries and requests to:

STEG Limited Purchasing Department POB 1903

Ann Arbor, Michigan 48106 Office: 888.570.2678

Fax: 248.275.1793

Software Technical Engineering Group, Limited

(STEG Limited)
s in the embedded engineering market®

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II. Supplier Information Company Name: Address: City/State/Zip: Years in business: Main Telephone: ____ Main Fax: **DUNS Number:** A. Please provide information on the product and services your company provides that should be considered:

Please send inquiries and requests to:

STEG Limited
Purchasing Department
POB 1903

Ann Arbor, Michigan 48106 Office: 888.570.2678 Fax: 248.275.1793

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В.	Sales Agent	
	Contact Name:	
	Title:	
	Address:	
	City/State/Zip:	
	Telephone:	
	Fax:	
C.	Accounts Receivable	
	Contact Name:	
	Title:	
	Address:	
	City/State/Zip:	
	Telephone:	
	Fax:	
D.	Signature Authority	
	Contact Name:	
	Title:	
	Address:	
	City/State/Zip:	
	Telephone:	
	Fax:	
Ε.	Employees:	
ease	send inquiries and requests to:	STEG Limited

http://www.steg-limited.com

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F.	Who referred you to our	company?				
G.	Have you provided services to our company previously? Yes No If yes, when?					
Н.	Are you legally eligible to perform business in the United States? Yes No					
l.	Does your company have authorization to conduct business in the state if Michigan? Yes No					
J.	Type of business entity:					
K.	Trade References					
_	List the top three of your trade partners that you supply services or products.					
	Trade Partner	Percentage of Sales	Address	City/State/Zip		
		K.				
List any two trade partners willing to provide a trade reference.						
	Trade Reference	es	Address	City/State/Zip		
	Trade Reference	V	Address	City/State/Zip		
	Trade Reference	V		City/State/Zip		

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III. Certification

We certify that the information provided on this supplier information form is truthful and accurate. We understand that providing false or misleading information will be the basis for rejection as a trade partner, and if trade commences the immediate termination of the relationship.

We authorize STEG Limited to contact former trade partners regarding my products and services. We authorize current and former trade partners to fully and freely communicate information regarding our previous supplier performance. We authorize the representatives of the entities designated as references to fully and freely communicate information regarding our previous supplier performance.

If a trade relationship is created, we understand that a purchase order signed by a valid signature authority party from the list of approvers, to be provided upon commencement of the trade relationship, is the only valid instrument to execute a purchase.

WE HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND UNDERSTAND AND AGREE TO ITS TERMS.

Name and Title of Signing Authority	
Signature of Signing Authority	Date
200	

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