April 12, 2019

Dear SUPPLIER,

As a large manufacturing organization, we are required to maintain onsite, Safety Data Sheets as required by Occupational Safety & Health Administration of all chemical products we use in our manufacturing process. This is Valid USA's commitment for compliance and safety to our employees, customers, and our community in which we operate.

In order to ensure compliance and allow for our continued purchase of your Products, Valid USA requests your assistance with the following:

REQUIRED DOCUMENTATION:

1. **OSHA Hazard Communication Standard – Safety Data Sheets for Chemical Products for all Products sold to Valid**
2. **Supplier Certificate of Insurance**
3. **Supplier's W-9**
4. **Vendor Questionaire and include the appropriate supporting documentation**

Please provide all the above required documentation via email to purchasing@valid.com as soon as possible, but no later than seven (7) days after receipt of this letter. Upon receipt, Valid will complete the registration of your company as a Supplier of Valid USA.

Please Note: Failure to submit all the required documents may terminate Valid USA's purchasing relationship with your company.

We appreciate your compliance with Valid USA's Supplier requirements. If you have any questions regarding this matter, please contact me at 630-852-8200 ext. 2549.

Sincerely,

Sajit Paul
Director – Supply Chain

THE SECURE SIDE OF INNOVATION

VENDOR QUALITY SYSTEM AUDIT

Vendor Company Name: _____ Phone: _____

Street Address: _____ City: _____ State/Zip: _____

Years in Business: _____ Fax: _____ Internet site: _____

Sales Contact: _____ Phone: _____ Email: _____

Quality Manager_____ Phone: _____ Email: _____

Principal Product or Service: _____

Please write Yes, No or N/A. No or N/A responses must be referenced on the other side of this form with appropriate explanations.

1. Does your company have a formal quality management system? _____
2. If yes, which quality system does your company model? _____
3. Is your quality management system documented? _____
4. Is your quality management system registered or approved? _____
5. Do you supply Certificates of Conformance with all shipments? _____
6. Do you supply copies of mechanical, chemical and physical property analysis if required? _____
7. Does your Inspection/Quality Assurance system comply with:
   MIL-STD-105E/ANSI-Z-1.4 Sampling Inspection by Attribute? _____
   ISO 9001, ISO 9002, ISO 9003, or ISO 14001? _____
   Other: _____ _____
8. Calibration system in compliance with MIL-STD-105E/ANSI-Z-1.4? _____
9. Calibration system in compliance with ISO 10012? _____
10. Does your company carry product liability insurance? _____
    If yes, please provide insurance certificate(s).
11. Does your company accept “Right of Entry Provision” allowing customers and regulatory agencies to verify the quality of work? _____
12. Vendor is aware that final inspection of products is conducted at Valid USA Inc. location? _____
13. Do you comply with the Valid Code of Ethics and Conduct at https://valid.com/us-supplier-terms-conditions/ ? _____
14. Is your company a certified Minority-owned Business Enterprise? _____
15. Is your company a certified Woman-owned Business Enterprise? _____
16. Is your company a certified Disadvantage Business Enterprise? _____
17. Is your company a certified Veteran-owned Business Enterprise? _____
18. Your company attests that it does not produce, sell or distribute any products that infringe or may infringe on any Valid patents. _____
19. Does any of your products contain and CA Prop 65 chemicals? _____
    If so, provide a list of chemicals and chemical levels.
20. Are your products RoHS compliant? _____
21. Does your company utilize Conflict Materials? _____

Please attach a copy of your proof of insurance certificates and any Certificates Related to this Questionnaire.

I hereby certify that the information documented on this form to be complete and accurate at this time.

_____ _____ _____

Signature of person providing information | Title | Date

THE SECURE SIDE OF INNOVATION

VENDOR QUALITY SYSTEM AUDIT

< This page will be completed at Valid USA, Inc. >

Vendor Name:

Evaluation of Vendor's Quality System Audit

Date sent to Vendor:	
Date received back from Vendor:	
Review FM16-001 for completeness:	
Any concerns or missing Information?	
List any Documentation provided:	
Has this Vendor been added to the Approved Vendor Listing?	
Does this Vendor need to be Removed from our Approved Vendor Listing?	
If being removed, briefly explain why the Vendor has been removed from the Approved Vendor Listing:	

Approved By:	
Approval Date:	

_____

Signature of Purchaser

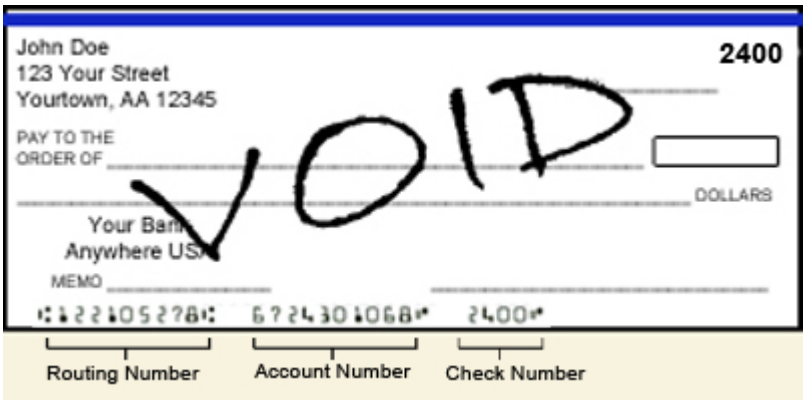
VALID USA, INC.
09/21/2017

Dear Valued Customer,

Please let us know if you accept payment by Credit Card (Amex) or, if you would like to receive the payment by ACH, please complete the below information –

- COMPANY NAME : _____
- BANK NAME : _____
- ABA ROUTING NUMNBER : _____
- ACCOUNT NUMBER : _____
- Contact information for payment remittance:_____

A simple way to do is to provide a VOID check of your bank account. It contains all details that we need and there is no risk of typos.



Best Regards,

Pedro Oliveira

Treasury Manager

Valid USA, Inc

331-777-2511