



The Lincoln Electric Company
Supplier Information Sheet (SIS)

Supplier Corporate Name:

Must Include: Co.-Inc.-Corp...etc

Supplier Division or DBA Name: [] Division of
If different than Corporate Name select: [] DBA

Supplier Federal Taxpayer ID:

LINCOLN USE ONLY:
PUR-20.6.1 Rev 6/17/09

- [] New
[] Update
[] Re-Activate

Lincoln Supplier No.

Manager Approval

Date

Buyer Verification

Date

Company Code

Purchase Organization

Classification: Choose one

- [] Production
[] MRO/Expense

Choose one:

- [] Active-Core
[] Active-No New Business
[] Approved Manufacturer
[] SAP checked for duplication

Plants: Check all that apply

- [] 1000 [x] 1005
[] 1017 [x] Other
[] 1014

DO WE HAVE A CONFIDENTIALITY
AGREEMENT ON FILE? [] Y [] N

Purchase Order Mailing Address
Address:
City:
State: Zip Code:
District:
Country:
Phone:
Fax:

Invoice Remit-To Address
Address:
City:
State: Zip Code:
District:
Country:
Phone:
Fax:
[] Credit Card [] Elect Funds Trsfer [] Check

Goods Return Address 1
Address:
City:
State: Zip Code:
Country:
Phone:
Fax:
Contact:

Goods Return Address 2
Address:
City:
State: Zip Code:
Country:
Phone:
Fax:
Contact:

Pres./GM of Operating Unit
Name:
Title:
Phone:
Email:
Fax:

Sales Manager
Name:
Title:
Phone:
Email:
Fax:

Quality Control Contact
Name:
Title:
Phone:
Email:
Fax:

Inside Sales Contact
Name:
Title:
Phone:
Email:
Fax:

Outside Sales Contact
Name:
Title:
Phone:
Email:
Fax:

Business Classification
[] Public Traded Company
[] Minority Owned
[] Foreign Owned
[] Disadvantaged Owned
[] Veteran Owned
[] Woman Owned
[] Small Business
[] Non-Profit
[] Service-Disabled Veteran Owned Small Business
[] Hub Zone
[] Large Business

Annual Gross Sales (in USD):
Number of Employees:
Supplier Uses Union Labor? [] Yes [] No
Union Contract Expiration Date:
Quality Status (ISO, QS):

Standard Payment Terms: Net 90 Days from Invoice Date
(Buyers initials)
International (Incoterms 2000):
Domestic FOB Point - Destination/Origin

Explain exceptions below:

[]
[]
[]

FORM COMPLETED BY:

TITLE:

DATE:



THE LINCOLN ELECTRIC COMPANY
22801 Saint Clair Avenue • Cleveland, Ohio 44117 • U.S.A.

Bank Name: _____

Bank Transit ABA / Routing / Swift Number: _____

Account / IBAN Number: _____

Account Type: _____ Checking _____ Savings

Supplier Name: (please print)

Signature: _____ Date: _____



Accounts Receivable Contact Name: _____

Email address: _____

Phone Number: _____

Fax Number: _____