

Must be filled out  
completely for order  
to ship out !!!



13197 Sandoval Street  
Santa Fe Springs, Ca. 90670  
Phone: (562) 204-0611 Fax: (562) 204-0621  
[www.rfreelance.com](http://www.rfreelance.com)

Dear Customer,

Due to restrictions and regulations from the US Government Regulations, Dept of Commerce and in compliance with ITAR, we ask that you cooperate in filling out this form which provides us with the required information to complete this international export.

**Please make sure that all information are filled out as accurate as possible. Incomplete information will cause a delay in your order. Please make sure that address and telephone numbers are accurate.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Type of Business:  Manufacturer of \_\_\_\_\_  
 Distributor of \_\_\_\_\_  
 Other \_\_\_\_\_

Years in Business: \_\_\_\_\_ Are you ISO Certified?  Yes  No

Number of Employees: \_\_\_\_\_ Import/ Export license #: \_\_\_\_\_

**PRODUCT BEING PURCHASED:** \_\_\_\_\_

**End use of Product is for :**      \_\_\_ Civil/Commercial End-use      \_\_\_ Military End-use      \_\_\_ Other  
(explain) \_\_\_\_\_

**\*COUNTRY END-USER** (IF DIFFERENT FROM ABOVE)

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country \_\_\_\_\_

**In signing this form, I acknowledge that this form is filled out to the best of my knowledge and ensure that this part will NOT be used for the manufacture of nuclear, chemical, biological weapons or missile technology or assistance thereof. I also agree I will not use, transfer, export, re-export, resell or otherwise dispose of this item to any embargoed or restricted destination, end-user or for any end-use prohibited by the laws of the United States. I also understand and concede that my order may be delayed should this part require a license or further research. I will comply and partake in any such research should I be needed to.**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*PLEASE FAX BACK TO (562) 204-0621 so we may complete your order.  
Thank you for your time and business as it is always appreciated.  
Should you have any further questions, please do not hesitate to call our office.  
Thank you for your cooperation*